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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR LATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIMECTOR: After this certificate has been signed by the attending physician and campletely filled in by the ordered director, page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2 stall do be filled with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

	MARYLAND	STATE DEP	ARTMENT	OF HEALTH
123	AVISION OF STATISTICAL	RESEARCH AND	RECORDS - B.	ALTIMORE 1, MARYLAND
ton	UN CEI	RTIFICATE	OF DEA	TH

	PLACE OF DEATH O. COUNTY Allegany B. CITY OR TOWN (If outside corporate limits, write)		MAR	YLAND	2. USUAL RESID	DENCE (Wh	ere deceased	lived. If instituti b. COUNTY		ega:		ion)		
		b. CITY OR TOWN (III RURAL and give ne	outside corporate lim arest town) ostburg	its, write	c. LENGTH OF STAY	IN 1P	1 1 -	own (if o	utside corpo	rate limits, write R	URAL and	give nec	rest tawn	1)
1		OR INSTITUTION	AL (If not in hospitat, (Hospital	give street	address)		d. STREET A	DDRESS						FARM?
		NAME OF DECEASED (Type or print)	A manda	rst	Jane Middle		krnold		4. DATE OF DEATH	Dec.	th	Do 4		Yeor 19 60
	S. S	SEX Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRI		May 3,	1882		9. AGE (In years lost birthday) 78 yrs.	Months	1 YEAR Days	Hours Hours	Min.
i	_	during most of work House wife	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPL		or foreign co	ountry)		S.		OUNTRY?
1	13.	FATHER'S NAME					14. MOTHER'S						1	
	1	Frederic						iett]	Barnes					
			R IN U. S. ARMED FOR If yes, give war ar dates of		SOCIAL SECURITY NO		therine	Arno:	ld-Bar	ton, Md.	ress			
			TH [Enter only ane co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	J. F	ne for (a), (b), and (c)	oni	<u>a</u>	(ONS	RVAL BE ET AND 2 4	TWEEN DEATH
		Conditions, if an gove rise to it cause (a), stating lying cause last.	nmediate (Q	uncull	any	Fibr	illat	tien			3	241 we	eks
	CERTIFICATION	PART II. OTH	osclerati	i C	CONTRIBUTING TO DE	cul	las de	rear	e 6	rade]	VEN IN PAR	T 1(a) 1	PERFO YES	RMED?
	7	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	200. 003	CRIBE HOW INSORT C									
	MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Ye	ar 20d. II While at wor	NJURY OCCURRED Not while at work	20e. PLA faci	CE OF INJURY (I tory, street, office	Home, farm, bldg., etc.	, 20f. (City	or town)	(1	County)		(State)
				l) attend	ded the deceased 3 1965, and				M, from	the causes an				we) last l obove.
/		220. SIGNATURE	viles	m	0	٨	ATTENDING	DII	D.	STAFF PHYS.			221	b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type)	VILES, 4	R.	M.D.		22d. ADDRE		NIN	6 , MI)			
	23a	BURIAL, CREMATIO	1-11-	OF.	23c. NAME OF CEM		CREMATORY			TION (City, town,	or caunty)		(State	e)
H		Burial Specify)	12/7/60	4	St. Gabr	iels	100		Bar				Mo	
-	24.	FUNERAL DIRECTOR	SIGNATURE	130	ADDRESS Westernpo	ort,	Md.		EC 8 '6		strar's si			

		merce V	14 days	20.000	-
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MARYLAND STATE DEPARTMENT OF HEALTH 13247 CERTIFICATE OF DEATH

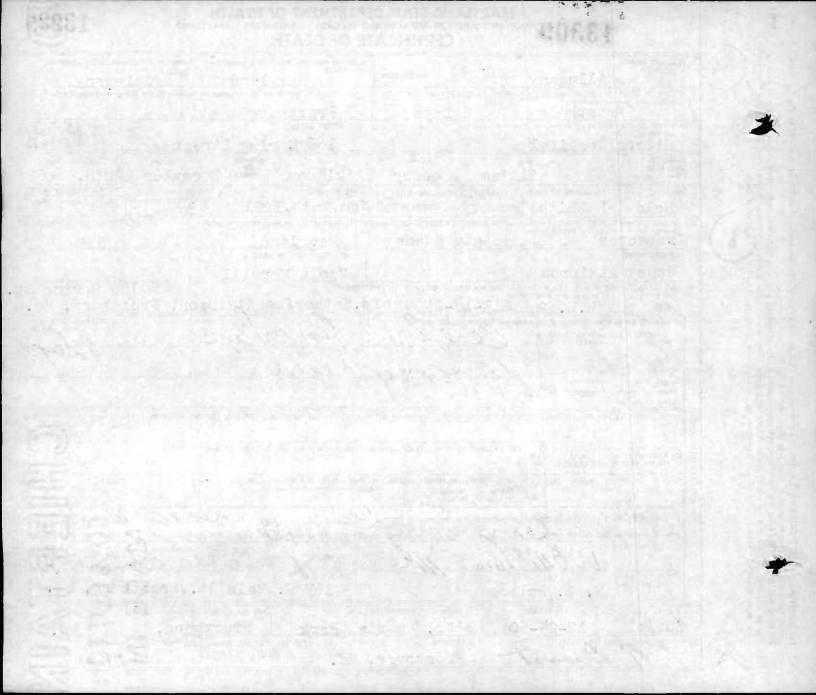
O. COUNTY ALIEGANY b. CITY OF TOWN If outside corporate limits, write CLENGTH OF STAY IN 16 RIVAL and give resorate long or several town. CLIMBERLAND CLIMBERLAND CLIMBERLAND CLIMBERLAND A SARCE OF MOSTRAL (in on in hospitol, give street oddress) A SARCED HEART HOSPITAT. 3. MANE OF SALVET. B. ANNOLD SANUET. SANUET. B. ANNOLD SANUET. SANU	ion)											
b. CITY OR TOWN (RURAL and give n	(If outside corporate lim nearest tawn)	its, write		IN 1b	c. CITY OR TOWI	N (If outside	1000	mits, write R				n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital,				d. STREET ADDRE	ESS		ממות או			ON A	FARM?
3. NAME OF			Middle		#	4. D.	ATE		th	Do	у .	Yeor
		SAMITEI	E.	100	ARNOLD	DI	EATH .	DECE	MRER	27		1960
S. SEX	-		-	-				GE (In years	IF UNDE		IF UNDE	R 24 HR
MALE	WHITE				10-11-188	3),	las		Months	Days	Haurs	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS C	R INDUSTR	11. BIRTHPLACE	(State or fore	ign country)	12.CI1	IZEN OF	WHATC	OUNTRY
		"	Farmer		WEST V	VIRGIN:	IA		t	J.S.		
					14. MOTHER'S MAI	DEN NAME						
WILLIAM	N. ARNOLD				Harrie	t Lill	er					
IS. WAS DECEASED EV	ER IN U. S. ARMED FOI		SOCIAL SECURITY NO	. 17. INFO	RMANT	1 10 - 10		Add	ress			
	(IT yes, give war or dales or		20-34-1240	CH	MARYTAND N 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERTAND d. STREET ADDRESS RT #1 CHRISTTE ROND Lost ARNOLD DEATH DECEMBER 27 1960 ARNOLD DEATH DECEMBER 27 1960 ARNOLD DEATH DECEMBER 27 1960 P. AGE (In years) Months Days Hours Min. 76 75 76 75 THOUSTRY 11. BIRTHPLACE (State or foreign country) WEST VIRGINIA 14. MOTHER'S MAIDEN NAME HARTIET Liller 17. INFORMANT CHART CHART Address CHART Address CHART CHART INTERVAL BETWEEN ONSET AND DEATH CURRED. (Enter noture of injury in Part I or Part II of item 18.) CURRED. (Enter noture of injury in Part I or Part II of item 18.) COE. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) from 19. , ta 19. , that (I) (we) last that death accurred at M. from the causes and an the date stated above. ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS. CUMBERIAND 236. REG P BY REGISTRAR 256. REGISTRAR'S SIGNATURE THEY OR CREMATORY 236. REG P BY REGISTRAR 256. REGISTRAR'S SIGNATURE							
gove rise to couse (o), stating lying couse lost.	ony, which (to me diote) DUE TO	hu	CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE	TERMINALD	ISEASE COM	NDITION GIV	'EN IN PA	RT 1(o) 1	9. WAS PERFC	AUTOPSY DRMED?
	RY Manth, Doy, Ye	or 20d. It	C. LENGTH OF STAY IN 16 C. CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest town)									
₽. m.	19		k at wark						150			
saw the deceded 220. SIGNATURE C	issed alive an	MARYLAND COPPORTE limits, write C. LENGTH OF STAY IN 16 The hospital, give street address) It in hospital, give street address in the st	abave									
REMOVAL (Specify	ON, 23b. DATE THERE	OF.	23c. NAME OF CEM	MARYLAND LENGTH OF STAY IN 16 LENGTH OF STAY IN 16 LENGTH OF STAY IN 16 LO DAYS CLIMBERLAND d. STREET ADDRESS CLIMBERLAND d. STREET ADDRES CLIMBERLAND d. STREET ADDRESS CLIMBERLAND d. STREET ADDRES CLIMBERLAND								
ALLEGANY B. CITYO REVIEW I (Fourtide corporate limit, write BLEAT on STAY IN 1b CUMBERTAND d. NAME OF CONTROL (If outside corporate limit, write BLEAT on give neers town) d. NAME OF CONTROL (If outside corporate limit, write BLEAT on give neers (CUMBERTAND) d. NAME OF CONTROL (If outside corporate limit, write BLEAT on give neers (CUMBERTAND) d. NAME OF CONTROL (If outside corporate limit, write BLEAT on give neers (CUMBERTAND) d. STREET ADDRESS RT. # CHRISTIE ROPA ARNOLD SANTIEL SANTIEL ARNOLD SANTIEL SANTIEL ARNOLD SANTIEL SANTIEL ARNOLD SANTIEL	RE											

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1330 SIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

OR INSTITUTION Miners Hospital 166 Spring Street OF DECEASED (Type or print) Name of Deceased (Type or print) Sex OSCIAL SECURITY NO. 17. INFORMANT 166 Spring Street OST OF DEATH Doy Yeor OF DEATH December 20th, 196 Sex Months Day Yeor DEATH December 20th, 196 Sex Months Day Yeor DEATH December 19. AGE (In yeors) If UNDER IYEAR IF UNDER 24 Months Days Hours Days Hours Days Hours Days Hours No Hours Days Hours	e admission)				
	MARYLAND	Mary	land b. COUNTY	Allegar	ıv
b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside carporote limits, write RU	URAL and give near	rest tawn)
	6 Days	22Frostbu	rg		
d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e	. IS RESIDENCE
		166 Spr	ing Street		YES NO
3. NAME OF First	* Middle		4. DATE Mont	th Day	Yeor
(Type or print) Willian	n Henry	Atkinson	DEATH Decembe		1 -
5. SEX 6. COLOR OR RACE 7. MARR	IED A NEVER MARRIED	B. DATE OF BIRTH			
Male White WIDOWE	DIVORCED DIVORCED	Jan. 26th, 19	921 10st birringoy)	Manths Days	Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF	WHAT COUNTRY
Inspector St	tate Roads	Marylan	Б	IIS	
- da				00	
Henry Atkinson		Viola Me	rrill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, II			ess 766 S	nring S
070	18_2509 Mi	s.Katherine	Atkinson.		
		- //	//		RVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	COO O HA	O Kemay	3Kago	ONSE	T AND DEATH
IMMEDIATE CAUSE (a)	e en car	Marico	4 age	1 %	Alexan
DUE TO	24/1	12/06/1			100/
	Hany	My Com			
cause (a), stating the under:	11				
lying cause lost. (c)		· · · · · · · · · · · · · · · · · · ·			
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(o) 19	P. WAS AUTOPSY PERFORMED?
CAI					YES NO
20g. ACCIDENT WAS UNDERLYING TO 20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Port I ar Part II af item 1B.)		
20c. TIME OF INJURY Manth, Doy, Year 20d. It				(County)	(State
Haur o. m. 19 While at warl	TAGE MILLS	ctory, street, attice blag., etc.)		
	led the decreed forms	Des 16 10	1. LODA 71	2 20/00 14	. //\ / \ /
4/2	- / /		nerth .		
	and that a	leath accurred at	M, fram the causes an	d an the date	22b, DATE
Womela	no Me	M.D. ATTENDING ME	ED. STAFF	Nea:	2 /4/SIGNET
b. CITY OR TOWN (if countide corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frostburg d. NAME of POSPITAL (if not indeptiol, give street address) OR NORTHUMON Miners Hospital Miners Hospital NAME OF BOSPITAL (if not indeptiol, give street address) OR NORTHUMON Miners Hospital Miners Hospital Name OF BOSPITAL (if not indeptiol, give street address) OR NORTHUMON Miners Hospital Miners Hospital Mark OF BOSPITAL (if not indeptiol, give street address) OR NORTHUMON Miners Hospital Mark OF BOSPITAL (if not indeptiol, give street address) OR NORTHUMON Miners Hospital Mark OF BOSPITAL (if not indeptiol, give street address) Name OF BOSPITAL (if not indeptiol,	1100				
W. O. McLane		" 167 E.	Main St., Fr	ostburg	, Md.
23g. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, tawn, c	ar caunty)	(Stote)
-REMOVAL (Specify)	F'bg.Memor	ial Park	Frostburg	AL THE	Md.
24. FUNERAL DIRECTOR'S SIGNATURE				STRAR'S SIGNATUR	
1 P Hunt	Frostburg	Md DATE D	EC 2 7 '60	The 9 4.	· A



CERTIFICATE OF DEATH

13226

	13248	CERTIFIC	CATE OF DEATH	1	Reg	. Dist. No.	1000
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased live		sidence befor	e admission)
	FILEGANI	MARYLAND		and	b. COUNTY A	1100	anu
		write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	utside corporate	imits, write RURAL	and give wea	rest town)
	Cumperland		OLCUM	berlo	and		
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street address)	d. STREET ADDRESS	\			ON A FARM?
	433 Central t	tive	17733 6	ntra	1 140	2	YES NO RE
3.	NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day	Yeor
1. FLACE OF DEATH O. COUNTY DEATH O. DEATH O. COUNTY DEATH O. COUNTY DEATH O. COUNTY DEATH O. DEATH O. COUNTY		1960					
1. PLACE OF DEATH OCUNTY AMERICAN b. CITY OR TOWN; (If unitied explorate limin, write DEATH OCUNTY AMERICAN c. CITY OR TOWN (If unitied explorate limin, write DEATH OCUNTY AMERICAN c. CITY OR TOWN (If unitied explorate limin, write DEATH OCUNTY AMERICAN d. NAME OF NOON-TALL (In hospital, give street oddress) d. NAME (Type) 20. ACCIDENT WAS INNERSYNOOD d. NAME (Type) 21. I certify, that I altereded the deceased from June 1 of Noon-Tall (In hospital, give street) d. NAME (Type) 22. I certify, that I altereded the deceased from June 1 of Noon-Tall (In hospital) d. NAME (Type) 22. SAME (Type) 22. SAME (Type) 22. SAME OF NOON-TALL (In hospital) D. NOON-TALL (In hospital) D. NOON-TALL (In hospital) D. NOON-TALL (In hospital) d. NAME (Type) D. NOON-TALL (In hospital) D.							
			Wec. 25, 10	75			Nun:
100	 USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) 	106. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stote	or foreign country	1) 12	. CITIZEN O	F WHAT COUNTRY
-		West. Store	- Boston,	Virgi	119	0.51	7.
13:	FATHER'S NAME		14 MOTHER'S MAIDEN'N	IAME			
		ord	Unkno	wn			
			INFORMANT	,	11		()
		705-05-4442	Leonard De	ord	433 (e)	nTra	1 HVP.
		per line far (o), (b), and (c).]	d-+	-1			
	IMMEDIATE CAUSE (6)	(Olony	arrang	ous	unc		hour
	7 20 DUE TO	e a	1, 1	0	_	-	
		1. Many	of arun	leves			Jus
	couse (o), stoting the under-					6	
7	, 19						
OIL	PART II. OTHER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN IN	PART 1(a) 15	P. WAS AUTOPSY PERFORMED?
Ž							YES NO
CERTII	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in f	Port I or Part II o	item 18.)		
CAL					own)	(County)	(State)
MED	10	AAIIII 1401 AIIII	iociory, sireer, office blog., etc.	1			
	21. I certify that I attended the de	eceased from June /	15 19 6d to 10	n.21	19 6 Otho	t I last sa	w the decease
	6) 16	6111	th occurred at	M from th			
	A 0	1				4.0	DATE SIGNE
	SIGNATURE BEM AS	rindles	MD 43 %	seret	Cincel	I hu	11/1/1/
							770
220		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town, or cour	nty)	(State)
		60 Somner	ComeTery	Cum	berland		Md.
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	BY REGISTRAR	24b. REGISTRAR	S SIGNATUR	E
	Lous slein; in	1c. Cumberla	ud, lud DATE DE	C 2 7 '60	arthur	24	A
						The state of the s	

may be retained by the haspital or attending physician.

TO FUNERAL DE CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shou's be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and ? Fuld be filed with the registrar prior to burial, cremation, ar removal, and in any event withing the death. TO HOSPITAL OR VS A15 (4) 1SM 9/S5

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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VS. A15ME 5M 2/57

1	
HEALTH	DEPT.
totled within 24 hours after death. If any delay is necessary, please in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page calong with form PMS. Page 5 may be retained for your files. Insit permit. File pages 1 and 2 with the State Bod for Health, ral, and in any year! Within 72 hours after death.	M
irector.	060
the funeral dispersion of the State Booter death.	
r death. If any delay, 2, and 3 to the funer Page 5 may be retained and 2 with the State	
r death. If any d. 2, and 3 to the Page 5 may be reland 2 with the in 72 hours after o	
Page ond	
hours ofter e Pages 1. rm PM3. Ple pages 1 ent whijir	1)
hin 24 haurs of B. Give Pages With form PM3. Tile pages In any yent wi	
teated within 24 in Item 18. Give a clong with formsit permit. Fill rail, and in any 3	
in Item.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	1322
13310 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1024
13310	Reg. Dist. No.

		DECRASE OF DEATH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. DATE OF BIRTH 19. DATE OF WHAT COUNTRY? 19. DATE OF BIRTH 19. DATE OF WHAT COUNTRY? 10. DATE SIGNED 19. DATE OF BIRTH 10. DATE OF BIRTH 10. DATE OF BIRTH 10. DATE OF BIRTH 10. DATE OF BIRTH											
1	1. PLACE OF DEATH	ore odmission)											
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) ond give corporate limits, write RURAL and give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspita), give street address) d. STREET ADDRESS OF DECEASED (Type or print) ARCH S. SEX OCOLOR OR RACE Month Doy Yeor OF DEATH OF DEATH P. AGE (Tryeor) Individed print of the Name of Street address) Male White WIDOWED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 122 CITYEN OF WHAT COL					earest town)								
1. PLACE OF DEATH o. COUNTY B. CITY OR TOWN (If outside corporate limits, write Burgs) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital). give street address) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital). give street address) 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital). give street address) 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital). give street address) 4. DATE OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED 11. BIRTHPLACE (State or foreign country) 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM CAMPON 15. WAS DECEASED EVER IN U. S. ARRIED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address William Campon 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions. If ony, which gove rise to immediate couse (o), stoling the underlying couse lost. (c)	ning												
	,	MARYLAN C. CUNTY D. CITY OR TOWN (if outside corporate limits, write BURAL C. LENGTH OF STAY, IN 1 Middle W. ARYLAN ANAME	10		nold.	St.		ON A FARM?					
		DECEASED	ARCH ARCH Wilder October Oc				1.00	OF	Month	Doy	113		
	5. S	EX		7. MARRIED		B. DATE OF BIRT	-	9. /	AGE (In years IF	In yours IF UNDER TYEAR IF UNDER 24 HR			
	13	Male	6. COLOR OR RACE Male White WIDOWED DIVORCED ISUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)			70+1		m - Wrs	onths Days	Hours Min.			
	100.	USUAL OCCUPATIO	N (Give kind of work	done 10b. KIND	OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (Sign	e or foreign count	71 23	12. CITIZEN OF	WHAT COUNTRY?		
		0 .				Ma	rvla	and		U.S	. A.		
	13.	FATHER'S NAME											
		Wil	liam Came	ron		En	ıma N	offatt					
	(Yes,				CIAL SECURITY NO. 17	. INFORMANT			Address				
			ma (Fatanaliana		(-) (1-)	Mrs. Ed	lna C	ameron	Lona	coning	MD.		
West of Death Enter only one couse per line for (o), (b), and (c).		T AND DEATH											
		400		-60	nona	ry	-100	011/04	7260	4	onun		
		Conditions, if or	and the N	(1)	DI ANI	8ks 5.	aV.	2000	1		3		
	П	gove rise to immed	liate cause		corpu	17		100					
			The state of the s			/							
	NOL	PART II, OTH	ER SIGNIFICANT CON	DITIONS CONTR	RIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERM	MINAL DISEASE CO	NDITION GIVEN	IN PART 1(o) 19	WAS AUTOPSY PERFORMED?		
	FICA	20- EVTERNIAL CALL	155 14/45 120	L DECCRIPE U.C	W INTERNATION	VF				Y	ES NO		
		PRIMARY OF CON	NTRIBUTING []	D. DESCRIBE HC	JW INJURY OCCURRED	. (Enter noture of i	injury in Pa	ert I ar Port II of it	em 18.)				
	MEDICA	Hour a. m.		While	Not while	LACE OF INJURY octory, street, offic	(Home, for a bldg., etc	m. 20f. (City or 1	own)	(County)	(State)		
		21. I certify th	ot I took chorge	of the rem	ains described o	bove, held or	Autop	sy 🔲, Inspi	ection . 1	nquiry X.	ond in my		
		opinion death	resulted from: 1	Natural cous	ses XI. Acciden	t, Suicio	de 🔲,	Homicide	, Undetermi	ned monne	r 🔲		
1			WOM	of th	ne	M.D. CHIEF	DEATH DOY REET ADDRESS Lost A. DATE OF DEATH P. AGE (In year) Lost birthdoy) RETHALACE (State or foreign cobmity) Maryland HER'S MAIDEN NAME Emma Moffatt Address Edna Cameron Lonaconing (WIFE) Month Lost Lost Lost Address Lost Lost						
		CITY OR TOWN (II another growing famility wite \$1274) CITY OR TOWN (II) another growing famility wite \$1274		6 1960									
	220.	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREO		NAME OF CEMETERY	OR CREMATORY		22d. LOCATION	(City, lown, or co	ounty)	(State)		
And					E								
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	COUNTY A	LLEGANY		MARY	A. A	a. STATE MARYLANI		d lived. If instituti b. COUNTY		GANY		sion)
b.	CITY OR TOWN (IF RURAL ond give nec	autside corporate li arest tawn) RLAND	imits, write	c. LENGTH OF STAY	IN 1b	CUMBERLA		orate limits, write R	URAL and	give nea	rest tawr	1)
d.	NAME OF HOSPITA OR INSTITUTION MEMORIAL	MEMORIAL & WARWICI	HÖS'ES	address) FAL		d. STREET ADDRESS	T FIRST	STREET		•	ON A	FARM?
DE	AME OF ECEASED ype ar print)		First THEL	Middle A •		CARROLL	4. DATE OF DEATH	Mor DECE		Day		Year 150
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	USUAL OCCUPATIO during most of worki DUSEW11 e	N (Give kind of war ng life, even if retir	edi	kind of Business o Ownhome			TBURG,			S.A		OUNTRY?
13. F/	JOHN	W. WILSO	N		1	14. MOTHER'S MAIDEN ALPI		A A LEE				
	AS DECEASED EVER	IN U. S. ARMED Fo		SOCIAL SECURITY NO	. 17, INFO			Add	ress			
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3	saw the decease	1.	tal) attend	led the deceased	11	th accurred 8:31	7	the causes ar				we) las labove
	22a. SIGNATURE	W. 6	ur	ett	M.[ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			22	b. DATE SIGNED
1	NAME (Type)	LAY DURRE	TT			22d. ADDRESS 236 VIRG	INIA A	VE., CUMB	ERLAN	ID, M	1ARYI	LAND.
	BURIAL, CREMATION REMOVAL (Specify) Burial	1. 23b. DATE THER	60 60	23c. NAME OF CEME Eckhart	Cem.			TION (City, town,		nd	(Stot	e)
	James F.	signature Scarpe	11i C	ADDRESS Cumberland	d,Md.		C'D BY REGIS	130	STRAR'S SI		E	

THE REPORT OF THE PART OF THE CAMBRIDATE ST

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 13200 CERTIFICATE OF DEATH

o. COUNTY ALLE	SANY	MARYLAND		IRGINIA b. CC	OUNTY MINE	
b. CITY OR TOWN (If outsi	de corporote limits, write town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN ((If autside carporate limits, LEY	write RURAL ond give	nearest town)
d. NAME OF HOSPITAL (IF OR INSTITUTION MEMORIAL	not in hospital, give street HOSPITAL	oddress)	d. STREET ADDRESS	AIN STREET		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	FLORA		CHASE	4. DATE OF DEATH		Pay Year 19 60
	VHITE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH OCT • 25,	9. AGE (In lost burt		AR IF UNDER 24 HRS. s Hours Min.
100. USUAL OCCUPATION (G	ive kind of work done 10b. fe, even if retired)	. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (SM			OF WHAT COUNTRY?
13. FATHER'S NAME SAMUEL ALBE	RIGHT		14. MOTHER'S MAIDEI			
1S. WAS DECEASED EVER IN L (Yes. no, or unknown) (If yes.	J. S. ARMED FORCES? [16. give war or dates of service]		EMORIAL HOSP	ITAL - CUMBER	RLAND, MARY	'LAND
Conditions, if ony, w gove rise to immed couse (o), stoting the <u>ur</u> lying couse lost.	DUE TO	atoria De	al pro	ardio C	disease	Sucy 5
Tall Call	abeled	CONTRIBUTING TO DEATH BU	est.		11 11	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UN OR CONTRIBUTING D C. (IF EITHER, NOTIFY MEDI- TO CONTRIBUTING D C. (IF EITHER, NOTIFY MEDI- HOUP o. m.	AUSE OF DEATH CAL EXAMINER)	Not while	LACE OF INJURY (Home, foctory, street, office bldg.,	form, 20f. (City or town)	(Coun	ty) (Stote)
saw the deceased of 220. SIGNATURE	1	ded the deceased frame	death occurred of	MED. STAFF PHYS.	ses and on the do	that (I) (we) last ote stoted above. 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	R. W.F. WILL	IAMS	22d. ADDRESS	uberlan	L	Md
230. BURIAL, CREMATION, 2: REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR'S SIG	12/27/60	Fort Ashby ADDRESS	Cemetery	23d. LOCATION (City, Fort Ashby EC'D BY REGISTRAR 258		(Stote)
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13230 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY O. STATE b. COUNTY Allegany MARYLAND Maryland Anne Arundel b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negrest town 1 day Glen Burnie, Md. Hill Mountain d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? O. A. Memorial Hospital 1225 Kenwood Road YES NO NO 3. NAME OF 4. DATE Middle Year DECEASED Billy Robert Clav (Type or print) DEATH Dec. 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. be retained fond 2 with the Male WIDOWED [DIVORCED | White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ansley, Neb. USA pug Operator Insurance Co. W. 1, 2, may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Dolan Lemuel Clay 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Ardythe Clay, Glen Burnie, Md. Give PM3. 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: Gunshot wound of abdomen form 15-20Min. IMMEDIATE CAUSE (a) along with for **DUE TO** Canditians, if any, which pencil gave rise to immediate cause DUE TO (a), stating the underlying cause lost. 0 vord ''pending'' in Exominer's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY So CATION PERFORMED? YES X NO T 20g. EXTERNAL CAUSE WAS PRIMARY TO GO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) be Was In Woods Hunting Deer plnous word 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, Month, Day, Year 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) cute the certificate, writing the w forworded to the Chief Medical TO FUNERAL DIRECTOR: Page 3 sh Dec. 3 1960 While of work of work factory, street, office bldg., etc.) Near Cumberland Alleg.Md. Woods 21. I certify that I taak charge of the remains described abave, held an Autapsy X, Inspection X, Inquiry X, and find that Accident X, Suicide , Hamicide , Undetermined cause death resulted from: Natural causes, DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic, M.D. Dec.3. 1960 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Glen Haven Memorial Dec.7,1960 Glen Burnie, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Ben L. Hopping, Glen Burnie, Md. arthur S. Krank '60 DATEC 8 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

A THE STREET STREET PRESIDENT HORSE TO SEE OF TAXABLE HER WAS A CONTRACT TO THE WAS A SECOND TO frequent to the vice of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN CERTIFICATE OF DEATH 13251 within 24 hours after 1. PLACE OF DEATH a. COLINTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town) CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)
MEMORIAL HOSPITAL, d. STREET ADDRESS R.F.D.# MEMORIAL & WARWICK AVES .. executed NAME OF DECEASED OF (Type or print) RICHARD LEE CROSS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH MALE DIVORCED WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Plumber Construction 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifves give wer or detes of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), 14), end (c).] DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION certificat 5 0 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from19 and that death occured lat 18 ATTENDING DIRECTOR PHYS. TO HOSPITAL.
death. Page 4 director, page be filed with the 22d. ADDRESS PHY 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, | 23b. DATE THEREOF Cumberland, Md. Jan. 2. 1960 Sunset Memorial Park

ADDRESS

Cumberland. Md.

24 FUNERAL DIRECTOR'S SIGNATURE

Byron Kight

VR A15 (4)

15M 9/60

2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY ALLEGANY c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) e. IS RESIDENCE ON A FARM? YESXX NO T DATE 1960 DECEMBER DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In yeers lest birthdey) Months Hours 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) USA CUMBERLAND. MD. ANNA RIDENBAUGH Address INTERVAL BETWEEN PERFORMED NO 1 (County) (Stete) 20f (City or town) 32. //.C/..., 19, that (I) (we) last .AMfrom the causes and on the date stated above. 22b. DATE SIGNED PHYS. 122 SOUTH CENTRE ST., CUMBERLAND, MD.

25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

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	12959		CERTIFI	CAT	E OF DEATH	1		Reg. D	ist. No.	10	ZU K
1. PLACE OF DEATH a. COUNTY Alle	gany		MARYLAN	11	o. STATE		d lived. If institution b. COUNTY		lega		ion)
b. CITY OR TOWN (RURAL and give n Cumber L		ts, write	c. LENGTH OF STAY IN 1	16	c. CITY OR TOWN (IF o	_	prote limits, write R	URAL and	give nea	rest town)
OR INSTITUTION	TAL (If not in hospital, g Centre St		address)		d. STREET ADDRESS 505 N. Ce	ent r e	st.				DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Margare		Loretta	D	renning	4. DATE OF DEATH	Dec. Mon	љ З,	Day		^{reor} 60
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED [eb. 2, 187	79	9. AGE (In years last birthday) 8 I yrs.	Months	Doys	Hours	R 24 HRS Min.
10a. USUAL OCCUPATION during most of wor Housewife	rking life, even if retired)	lone 10b.	Ownhome	NDUSTRY	Western				SA	F WHAT	COUNTR
13. FATHER'S NAME	Brady				Susan Dur						
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give wer or dates of se				s Aurelia	Dren	ning 50	5½N.	Cei	ntre	e St
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	100	ine for (o), (b), and (c).}	ia	y The	m	frus			RVAL BE	
Conditions, if a gave rise to i couse (a), stating	immediate (Cirlen	e-a	eleveres				/	57	ng

lying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO IN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c, TIME OF INJURY Month. 20d. INJURY OCCURRED 20f. (City or town) Doy, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work at wark

196 C, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 4:15M, fram the causes and an the date stated above. DATE SIGNED

ACTUAL SIGNATURE PHYSICIAN'S

Virginia Ave. Cumberland, Md. 306 Durrett

NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) REMOVAL (Specify)

12-6-60St. Marys Cemetery Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE

GNATURE ADDRESS Scarpelli Cumberland, Md.

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO FUNERAL DISPLACED VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	2029							Reg. Dis	st. No		
1, PLACE OF DEATH	र्ग दिल्ली			2. USUAL	RESIDENCE (\	Where decea	sed lived. If Institu	tion: Resider	nce bef	ore admi	ission)
a. COONIT	Legany		MARYLAND	G. STATE	Mary	land	b. COUNT	Alle	ega	ny	
b. CITY OR TOWN (If a ond give nearest town)	autside corporate limits, write R	URAL	c. LENGTH OF STAY IN 16	c. CITY			porote limits, write	RURAL ond	give n	earest to	wn)
Cumber			60 yrs.	02	Cumb	erlar	ıd				
d. NAME OF HOSPITA	er St.	ot in hosp	pital, give street oddress)	d. STREE	106	Elder	St.		W	ON	A FARM?
3. NAME OF	First		Middle		Last	4. DATE	Month		Day	Y	ear
(Type or print)	John		Henry Du	rbin,	Jr.	OF DEATH	Dec		3	1	960
5. SEX	6. COLOR OR RACE 7	MARRIE	DE NEVER MARRIED B	DATE OF BI	RTH		9. AGE (In years	IF UNDER 1	-		ER 24 HRS.
Male	White v	VIDOWED	DIVORCED [Apr.	9,189	7	65 yrs.	Months [Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work do	10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTH	IPLACE (Stote	or foreign	country)	12. CIT12	EN O	WHAT	COUNTRY
during most of working Machinis		Ra	ailroad	Gai	thers	burg	, Md.	U	SA		
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN I	NAME					
John	n H. Durbi	n		Ma	ry El	len I	Norris				
15. WAS DECEASED EVE		ES? 16. S	SOCIAL SECURITY NO. 17. IF	FORMANT			Address				
yes	War I	71	05-05-4327	Mrs.	John	H. Du	arbin, C	umbe:	rla	ind,	Md.
18. CAUSE OF DEAT	H [Enter only one cause	per line f	or (o), (b), and (c).]						INTER	VAL BETWE	EEN ATH
PART I. DEATH	H WAS CAUSED BY		CORONARY	OCCLU	SION					DDE	
420	DUE TO	2117		A Same				CE SOU			12.11
Conditions, if on			CORONAR	Y SCI	EROSI	S			-		
gove rise to immedi (a), stating the un	iote couse					rei -					
couse lost.	(c)										
PART II. OTHE	ER SIGNIFICANT CONDIT	IONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED	TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART		PERFO	AUTOPSY PRMED?
	SE WAS TRIBUTING [DESCRIBE	HOW INJURY OCCURRED. (E	nter nature o	f injury in Por	rt I or Port II	of item 18.)				
20c. TIME OF INJURY Hour o. m.	Y Month, Day, Year		1 fact	E OF INJUR	Y (Home, form	n, 20f. (City	y or town)	(Covi	nty)		(Stote)
Hour o. m.	19	While of wor		.,,							
21. I certify the	at I took charge o	f the r	emains described aba	ve, held	an Autops	у 🔲 , Т	nspectian 🗓,	Inquiry	1	and	find that
death resulted	fram: Natural ca	uses 🔀	, Accident , Sui	cide [],	Hamicide	e □, ∪	ndetermined c	ause [].			
0	, , ,	00	1	Blen.							
ACTUAL SIGNATURE	redict	Aki	Tarelie)	M.D. CHIE	F MEDICAL EX	XAMINER [DATE S	IGNED
Part I					TANT MEDIC	AL EXAMINI	R 🗆				
EXAMINER'S NAME (Type)	Benedict S	kita	arelic. M.D.	DEPU	TY MEDICAL	EXAMINER [X Dec	. 3.	196	0	
220. BURIAL, CREMATION	N, 226. DATE THEREOF		22c. NAME OF CEMETERY OR	CREMATORY		22d. LOCA	TION (City, town, o			(Stote	e)
Burial Burial	12-6-196	30	Hillcrest 1	Burial	l Park	Cu	mberland	l, Md			
23. FUNERAL DIRECTOR'S			ADDRESS	200	24a. REC'	D BY REGIST		TRAR'S SIG		_	
James F.	Scarpelli	. C	umberland, N	ld.	DATE	C 6 '60	Chil	my 8. 9	rough		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4	moy be retained the haspital ar attending physician. TO FUNERAL DIRRATOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director,	page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 share be filed with	the State Board of Health prior ta burial, crematian, ar remayal, and in any event, within 72 hours after death.	
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1. PLACE OF DEATH o. COUNTY	egany		MARYLA		o. STATE	here decease	d lived. If institution b. COUNTY		before admi	ssion)
b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	v 1b	c. CITY OR TOWN (If	outside corpo	rote limits, write RI	100000		vn)
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	AL (If not in hospitol, g	jive street			d. STREET ADDRESS		CHI Y	0.00	e. IS RE	SIDENCE A FARM?
201 Smo	oot				201 Smo	ot				NO
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Mon	th	Day	Yeor
(Type ar print)	Ida		Wegner		Fazenbaker	DEATH	Dec.		9	19 60
s. sex Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED BD X DIVORCED		Dec. 4,1872		9. AGE (In years last birthdoy)		YEAR IF UNE	
			KIND OF BUSINESS OR			ar foreign c	/	12.CITI71	EN OF WHAT	COUNTRY?
during most of work House wife	king life, even if retired)	KIND OF BOSINESS ON	IIIDOJIK	Barton, 1		//		S.A.	
TS, FATHER'S NAME					14. MOTHER'S MAIDEN				-	
John Adam	Wagner				Mary Magr	uder				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFO			Addi	ress		
(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice)		W.	ard. B. Faze:	nbaker	-Western	port, 1	Md.	
Conditions, if o gave rise to in couse (o), stoting lying couse lost.	mmediate the under-	Ar	torioscles	rasis	As Itheum	odfic-			5/e	UNS AUTORSV
200. ACCIDENT WA			CRIBE HOW INJURY OC					EN IN PARI	PERF	ORMED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	or 20d. II While of wor	Not while		OF INJURY (Home, farr y, street, office bldg., etc		y or town)	(Co	ounty)	(Stote)
saw the deceas	, , ,	Dec.	ded the deceased f		Dec 6 1933	M, fram				d abave.
220. SIGNATURE	Paulor	M	ilon	M.I.	D. PHYS. D	AED.	STAFF PHYS.	Dec.	A 44 LO	SIGNED
22c. PHYSICIAN'S NAME (Type)	Paul R.	Wil	Ison M.S		111 ASIFIE	HSK.	Piedm	ont,	w.V.	ર્
230. BURIAL, CREMATIO REMOVAL (Specify) Burial			23c. NAME OF CEMET	TERY OR C	REMATORY		TION (City, town,	or county)		ote)
			Philos				ternport	CTD A DIC CLOS	Md	•
24. FUNERAL DIRECTOR	SSIGNATURE		Westernpor	t, M		EC 1 2		strar's sign		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
1332 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	A 1 1 2	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Allegany						
	Allegan outside corporate limits, writ	1 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)						
and give nearest town	Westernoo	rt			Rura	L , W	esternpo	rt	
d. NAME OF HOSPIT	AL OR INSTITUTION	If not in hosp	ital, give street address)		STREET ADDRESS				e. 15 RESIDENCE ON A FARM?
Route	#135				F	Route	# 135		YES NO X
3. NAME OF DECEASED	Fir	sf	Middle		Last	4. DATE	Mantl	2	Day Year
(Type or print)	Lonnie			rre		DEATH	200	2/	6 1960
5. SEX	1		NEVER MARRIED	_			9. AGE (In years lost hirthday)	Manths Day	
Male	White	WIDOWED		9	eb. 22, 1904		yrs.		
10a. USUAL OCCUPATION during most of working	ON (Give kind of warking life, even if retired)	dane 10b. Kl	IND OF BUSINESS OR IN	ADUSTR'	11. BIRTHPLACE (State	e or foreign o	country)		OF WHAT COUNTRY
Labor	rer				Lee Co			0	S.A.
13. FATHER'S NAME	ie Ferrell				14. MOTHER'S MAIDEN				
15. WAS DECEASED EV		PCESO 14 c	OCIAL SECURITY NO.	17 (6)	Effie ORMANT	rerre			
Yes, no, er unknown)	(If yes, give war ar dates of		OCIAL SECURITY NO.	m	at B. H	- 7	Address	,/,,	W 1111
Yes	WW 2 TH [Enter only one car	no nos lina fo	er (e) (h) and (e)]	111	is selly	yen	ell, De	x 466	MERVAL BETWEEN
	TH WAS CAUSED BY:		or (a), (b), and (c). I	11	en Ana	1.10	4-0		ONSET AND DUTH
445 -	IMMEDIATE CAUSE (a)		041/10	00	1000	1021	07/	- 6	JUGGET
Canditians, if a	DUE TO	1	manai	16	50/0	:-0 -1	-)
gave rise to imme	diate cause		Oronal	7	10/01	1031	2		
(a), stating the	underlying DUE TO			/					
			NTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART 16	119. WAS AUTOPSY
ATIO									PERFORMED?
PART II. OTH	JSE WAS 20	b. DESCRIBE	HOW INJURY OCCURR	ED. (En	er nature af injury in Pa	ert t ar Part II	af item 18.)		1.00
	NIKIBUTING L								
20c. TIME OF INJU	RY Month, Day, Ye			PLACE	OF INJURY (Home, formy, street, affice bldg., etc	m, 20f. (City	or town)	(Caunty)) (State)
Haur a.m. p. m.	19	While at war	k at while	raciur	y, street, diffice oldg., etc	(.)			
21. I certify th	nat I took charge	of the re	emains described	abov	e, held an Autop	sy 🔲 , I	nspection X,	Inquiry	, and in my
opinion death	resulted from:	Natural co	auses X. Accide	ent [], Suicide [],	Homicide	. Undete	rmined mar	nner 🗍
	111000	201							
ACTUAL SIGNATURE	100111	16	in		M.D. CHIEF MEDICAL E	XAMINER [DATE SIGNED
EXAMINER'S	1117	11		1	ASSISTANT MEDIC	CAL EXAMINE	R		
NAME (Type)	VO ///	Po	ane	us	DEPUTY MEDICAL	EXAMINER	1		
22a. BURIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREC	OF :	22c. NAME OF CEMETER	YORC	REMATORY	22d. LOCA	TION (City, town, o	ar county)	(Stafe)
Burial	Dec. 18,	1960		int		Key	ser, West		
23. FUNERAL DIRECTOR	SIGNATURE	W.	ADDRESS ()	14		D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNA	TURE
tearge !	T. Chamile	15/16	ceper W	/ -	DATEE(C 21 '60			
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LANGE OF STANDARD & SERVING OF DEATH

13236

CERTIFICATE OF DEATH 13311

Reg. Dist. No.

egany		MARYL	AND	2. USUAL RESIDENCE (W	here deceased and					ion)
earest town)	ts, write	c. LENGTH OF STAY I	N 16	A A -			URAL and	give ne	arest tawr	1)
AL (If not in haspital, g	give street	address)		d. STREET ADDRESS	Park	Avenue				IDENCE FARM?
	st	Middle ELLE	N	FISHER	4. DATE OF DEATH	12	ith	_		Year 19 60
6. COLOR OR RACE						9. AGE (In years lost birthday) yrs.	Manths	Days	Haurs	ER 24 HRS. Min.
ing life, even if retired)		INDUS	Shaft		ountry)	12.CI			OUNTRY?
27						tain				
	CES? 16.	SOCIAL SECURITY NO.	IN		brens		ress Tr	ost	hur	or Ma
		None	Mr	s. Elva Ro	by, 1					5,279
DUE TO ny, which mediate the under-)	James CONTRIBUTING TO DEA	TH BUT	Ly NOT RELATED TO THE TERM	MINAL DISEASI	E CONDITION GIV	VEN IN PA	RT 1(0)	PERFC	DRMED?
☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature af injury in	Part I ar Port	t II af item 1B.)			YES [No
Y Manth, Day, Ye	While	Nat while				ar tawn)		(Caunty)		(State)
at I attended the		1 1 1	death	19 , to deaccurred at 5		the causes ar	d an th		e stated	
12-14-6 S SIGNATURE	0 Hafe	Frostburg r Funeral	Me	morial Par me 24a. REC	Fro D BY REGIST	stburg.	Md.	IGNATU		te)
	foutside corporate limited areast town) P. S. AL (If not in haspital, g. K. AVENUE MARY 6. COLOR OR RACE W. ON (Give kind of wark king life, even if retired classes) RIN U. S. ARMED FOR (If yes, give wor or dote of some continuation of the under the u	foutside carporate limits, write sarest town) P. S. AL (If not in haspital, give street k Avenue First MARY 6. COLOR OR RACE ON (Give kind of wark dane line) ON (Give kind of wark dane line) P. R. IN U. S. ARMED FORCES? If yas, give war or dates of service) NONE ATH [Enter only ane cause per line THAS CAUSE (o) DUE TO DUE TO ON, which mediate the under. ON DUE TO HER SIGNIFICANT CONDITIONS. AS UNDERLYING DUE TO HER SIGNIFICANT CONDITIONS. AS UNDERLYING ON DUE TO HER SIGNIFICANT CONDITIONS. AND DUE TO HER SIGNIFICANT CONDITIONS. AS UNDERLYING ON DUE TO HER SIGNIFICANT CONDITIONS. AND DUE TO HER SIGNIFICANT CONDITIONS. AS UNDERLYING ON DUE TO HER SIGNIFICANT CONDITIONS. AS UNDERLYING ON DUE TO HER SIGNIFICANT CONDITIONS.	foutside corporate limits, write c. LENGTH OF STAY II learnest town) PS AL (If not in haspital, give street address) K AVENUE First Middle First Middle ELLE: 6. COLOR OR RACE MUDOWED DIVORCED ON (Give kind of work dane) OWN HOME PLUMMET RIN U. S. ARMED FORCES? It. SOCIAL SECURITY NO. (If yes, give wor or date of service) NONE NONE WHO DIVERTED DIVORCED OWN HOME ATH [Enter only one cause per line for (o), (b), and (c).] THE WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ON, which mediate the under- OLITHOUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Year 20d. INJURY OCCURRED While of wark of twark of	foutside corporate limits, write c. LENGTH OF STAY IN 1b largerst town) The parest town) AL (If not in haspital, give street address) KAVENUE AVENUE AVENUE AVENUE AVEN	founded corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If prosents from) Prosents from) AL (If not in haspital, give street address) AL (If	ARYLAND for outside corporate limits, write of cutents town of strate of any land of street orders town of strate of the street oddress) AL (If not in hospital, give street oddress) AL (If not in hospital street oddress)	## ARYLAND County County	STATE Mary Mark Mark	STATE Maryland County Allegs Allegs County Allegs Allegs	STATE Mary Mary

may be retained by the haspital ar attending physician.

2 FUNERAL DIMETOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar priar is burial, crematian, ar removal, and in any event within 7 haurs after death. TO HOSPITAL OR a may be retained TO FUNERAL DIR

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executed within 24 haurs after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH

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Year

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH a COUNTY g. STATE b. COUNTY MARYLAND AT.T.EGANY ALLEGANY c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) CUMBERLAND 32 days CUMBERL AND e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO T SACRED HEART INDEPENDENCE STREE NAME OF First Middle 4. DATE Month Day Last DECEASED (Type or print) DEATH ¥ 1960 DECEMBER ROBERT FLECKENSTEI IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 6. COLOR OR RACE S. SEX Months Days Hours DIVORCED T WIDOWED | TITHM MAT.E 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) U.S.A. Paper Store MARYLAND RETIRED Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Kerber JACOB 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? Address Yes WW .8 01 PT'S CHART INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, (b) gave rise to immediate **DUE TO** cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II af item 18.)

20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, 20d. INJURY OCCURRED

Hour a. m. While Not while of work of work 21. 1 certify that (1) (this haspital) getended the deceased fram.

factory, street, office bldg., etc.)

60 , that (1) (we) last and that death accurred of 45 M, from the causes and an the date stated above.

(County)

M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

19

ADDRESS

DIRECTOR -PHYS.

456 N. CENTRE ST. CUMBERLAND

(Stote)

(State)

DR.LEO H.LEY JR. M.D BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify)

saw the deceased alive an

22o. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemeterv 23d. LOCATION (City, town, or county)

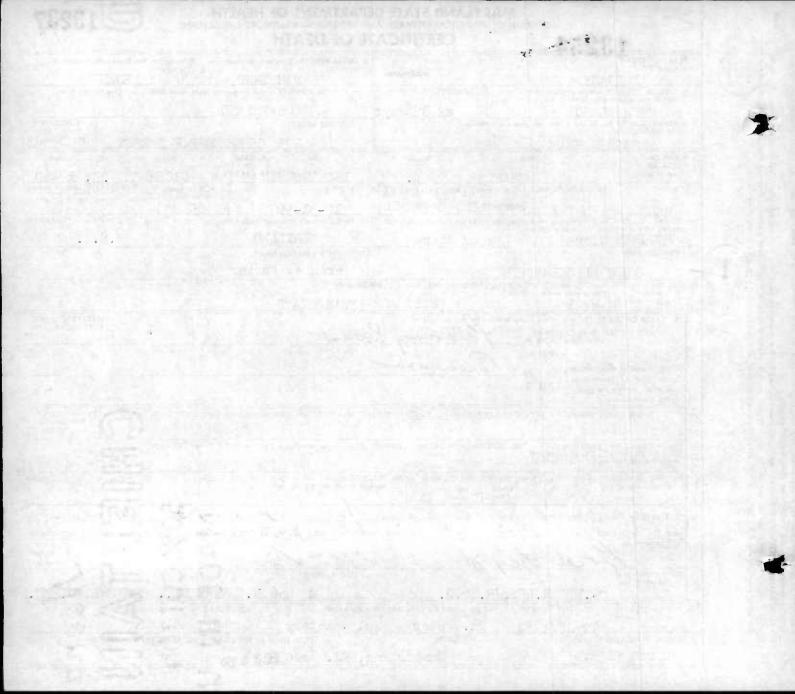
Cumberland, Md. 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE Byron Kight

Cumberland, Md.

DATE DEC 2 8 '60 arthur & Kraue

FUNERAL D page 3 sh the State 0 VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13238

	20101				
	1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where dec	eased lived. If institution: Residence b. COUNTY ALLEGA	
	b. CITY OR TOWN (If autside corporate RURAL and give nearest town) CUMBER LAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	corporate limits, write RURAL and giv	e nearest town)
60	d. NAME OF HOSPITAL MEMORITAL OR INSTITUTION MEMORIAL MEMORIAL & WARWI	el hospitalei	d. STREET ADDRESS 215 NORTH LE	E ST.	e. IS RESIDENCE ON A FARM YES NO
100	3. NAME OF DECEASED (Type or print)	First Middle NICE D.	GAFF DE		Day Year 5 19 60
	S. SEX 6. COLOR OR R.	ACE 7. MARRIED X NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH		YEAR IF UNDER 24 Hours Min
	during mast of warking life, even if re	rork done 10b. KIND OF BUSINESS OR INDUtired) B. & O. RWY	MC KEESPORT,		S. A.
-	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	CLINTON R. Muse		Emma SOUTHER		
	1S. WAS DECEASED EVER IN U. S. ARMED (Yes, no. or unknown) (If yes, give wor or dat	es of service)	MEMORIAL HOSPITAL	CUMBERLAND,	MARYLAND
	18. CAUSE OF DEATH [Enter only di PART I. DEATH WAS CAUSED IMMEDIATE CAU		art		INTERVAL BETWEE
	Canditions, if ony, which	(b)			
0		CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOI PERFORMED YES NO
	OR CONTRIBUTING CAUSE OF DE	ATH L	ED. (Enter nature of injury in Part I o	r Port II of item 18.)	
35	20c. TIME OF INJURY Month, Day, Hour o. m. p. m.	Year 20d. INJURY OCCURRED 20e. P While Not while of work at work	ACE OF INJURY (Home, farm, 20f., etc.)	(City or town) (Co	unty) (St.
		pital) attended the deceased fram.	///	/ / -	, that (1) (we) 1
1	saw the deceased glive an	Section 19 and that	M.D. PHYS. MED. DIRECTOR	STAFF	date stated aba 22bcDAJ
)	PHYSICIAN'S NAME (TYPE) RICHARD J. WIL	LIAMS	22d. ADDRESS	ENTRE STREET, CUM	BERLAND.
	230. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify) 12/8/		OR CREMATORY 23d. L	OCATION (City, town, or county) CKeesport, Pen	(Stote)
	Burial 12/8/	DI MT VETRAL			112 .

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be rekained by the haspital ar attending physician.

TO FUNERAL DIACTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remane carbon pages. Pages 1 and 2 the detached far use as the burial-transit permit. Then please remane carbon pages.

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AND - Second Strain Head in the Comment of the Comm

ALTERNO J. WILLIAMS CONTROL CO

13239

Reg. Dist. No.

	1-1-1-1											
1. PLACE OF DEATH					2. USUAL RESIDEN	ICE (Where deced	ased lived. If Institu		nce befo	ore adm	ission)	
	Allegany		MARY	LAND	Maryland Allegany							
b. CITY OR TOWN (IF	autside corporale fimits, write	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOV	NN (If outside co	rporate limits, write	RURAL and	give ne	arest to	wn)	
and give nearest town	mberland		vears		O 2 Cim	berland						
		f not in hos	pital, give street oddres		d. STREET ADDR						ESIDENCE	
	View Terra						W Terrace			YES NO		
3. NAME OF DECEASED (Type or print)	Fin		Middle	0	Last	4. DATE OF DEATH	Mont	h ,	Day		fear 9 60	
5. SEX	EAR'		T HOUSE WARRIES	4/10	AUNTZ		9. AGE (In years	IF UNDER	IVEAD			
			ED A NEVER MARRIEL		ALE OF BIRTH		last birthday)		Days	Hours	Min.	
Male	White	WIDOWE		- 15.17		391	69 уп.			12.171		
10a. USUAL OCCUPATIO	ON (Give kind of work of	ione 10b. I	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITI	ZEN OF	WHAT	COUNTRY	
Railway C	onductor	В	.& O. Railr	oad	Garret.	t. Penns	างไรเลกร์ล	TI	SA			
13. FATHER'S NAME				1	4. MOTHER'S MAIL		J - 1 900 1 - 1 - 1	, , ,				
Levi	Gauntz				Carol	ine Hock	man					
15. WAS DECEASED EV			SOCIAL SECURITY NO.	17. INF	ORMANT		West Address	M	2000			
	(If yes, give war or dates of	service)		Man -	1, 2 0							
no				Mrs.	Idra G	auntz, C	umberland	Mar				
	TH [Enter only one cau	se per line	for (o), (b), and (c).						ONSET	AND DE	ATH .	
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)		COR	ONARY	OCCLUS.	ION	9 3 -			SUD	DEN	
417	DUE TO											
Conditions, if o	ny, which) (b)		C	ORONA	RY SCLER	OSIS				-		
gove rise to immed	liote couse											
(o), stoting the couse fost.	maerrying											
	J (c).		ONTRIBUTING TO DEATH	H RIIT NO	T PELATED TO THE	TERMINAL DICEA	SE CONDITION OF	/EN IN DAD	1/01/10	14/45	ALITOREY	
CATIO		J.110143 <u>CC</u>	SITTE OF STATE OF STA	11 8U1 NO	, KELATED TO THE	FERMINALDISEA	SE CONDITION GIV	IN PAK			NO K	
PRIMARY OF CON CAUSE OF DEATH.	ISE WAS TRIBUTING	b. DESCRIB	E HOW INJURY OCCUR	RRED. (Enl	er noture of injury	in Port 1 or Port I	I of item 18.)					
3 20c. TIME OF INJUS	Y Month, Day, Yea	r 20d.	INJURY OCCURRED 2	Oe. PLACE	OF INJURY (Home	, form, 20f. (Ci	ty or town)	(Cou	inty)		(Stote)	
Hour o.m.		While	e Not while	foctory	, street, office bldg	g., etc.)			,,			
	19		ork ot work									
21. I certify th	ot I took charge	of the	remoins described	d obove	, held on Au	MODERACON.	Inspection 💢,	Inquir	у 🗓.	ond	find the	
death resulted	from: Natural	causes 🛚	Accident .	, Suici	de 🔲, Hom	icide [], L	Indetermined of	ouse 🗍				
/) . ,	. 11		, -				- 13				
ACTUAL /	0 400 0	1 /1	1. +2.1.	-1	CHIEF MEDIC	CAL EXAMINER	1			DATE S	SIGNED	
SIGNATURE	emedice	- XIB	mareli		M.D.							
EXAMINER'S			No. of Street,			MEDICAL EXAMIN						
NAME (Type)	BENEDICT S		ELIC, M.D.		DEPUTY MED	DICAL EXAMINER	CK Decem	ber	4,]	960		
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEMETE	ERY OR C	REMATORY	22d. LOC.	ATION (City, town,	or county)		(Stot	e)	
Burial	12/6 /60	-	Rose Hill	Ceme	terv	Cumbe	rland. Ma	rvlan	d			
23. FUNERAL DIRECTOR		200	ADDRESS			. REC'D BY REGIS		STRAR'S SIC		E		
Tohn T	Hofon Com	honla	nd Marriar	Бо	DA	TEDEC 12	60 0	Thur &	Hans	1		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to be Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prices burial, gremation,

ar remaval. VS. A15ME(5) 5M 9/55

HTARGROUPE CHRISTING OF DEATH , , The state of the s The street of the Control of the Con Charles and a contract of the second of the Self-constant designation of the self-constant of the con-

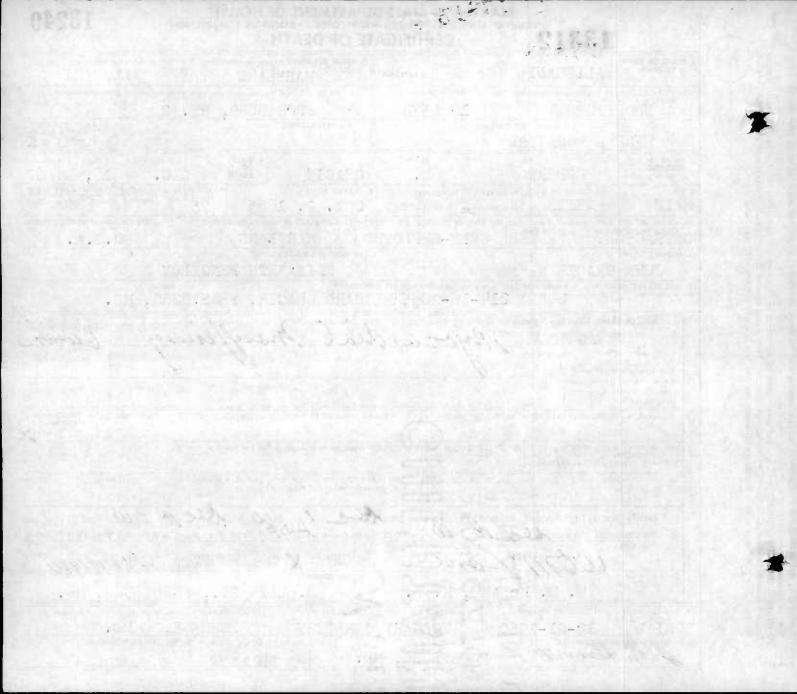
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		TOUTE				
1	a. COUNTY	ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE MARYL	1 COLL	itution: Residence befare admission) NTY ALLEGANY
	RURAL and give	(If outside carporate limits, write nearest tawn)	c. LENGTH OF STAY IN 16			te RURAL ond give nearest tawn)
-		TBURG PITAL (If not in hospitol, give street RS HOSPITAL		d. STREET ADDRESS	BURG, RT.	e. IS RESIDENCE ON A FARM? YES NO
3	B. NAME OF DECEASED (Type or print)	ROBERT	Middle R .	GRACIE	OF.	Month Day Year 18, 1960
	S. SEX MALE	WHITE WIDOW	ED NORCED	B. DATE OF BIRTH OCT. 2, 18	- ' ' '	Pars IF UNDER 1 YEAR IF UNDER 24 HR: Days Hours Min.
C	ONTRACTO	TON (Give kind of work done 10b. Orking life even if retired) R CARPENTER	KIND OF BUSINESS OR INDUS	D MARYL	AND	U.S.A.
1	3. FATHER'S NAME	GRACIE		14. MOTHER'S MAIDEN NA		v
1		/ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Address
	(Yes, no, or unknown)	(If yes, give wor or dates of service)		CHARD GRACI	E, FROSTBU	JRG, MD.
	Canditians, if gave rise ta cause (a), statin lying cause last	g the under-	1			
	PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease Condition	GIVEN IN PART I(o) 19. WAS AUTOPS' PERFORMED? YES NO
	OR CONTRIBUTION	VAS UNDERLYING 20b. DES IG CAUSE OF DEATH I'Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I ar Port II af item 1B.)
	20c. TIME OF INJU Hour a. m p. m	. While	Not while fac	ACE OF INJURY (Hame, form, tary, street, affice bldg., etc.)	20f. (City ar town)	(Caunty) (State
		not (I) (this hospital) attendated assed alive on	1113 1 1	17/7-36	O. to Sele, M, from the couses	(b) 1960, that (I) (we) lo
	22a. SIGNATURE	wome	ane		D. STAFF PHYS.	22b. DATE SIGNE SIGNE
	22c. PHYSICIAN'S NAME (Type)		NE, M. D.	22d. ADDRESS E. MA	IN ST., FR	ROSTBURG, MD.
	236. BURIAL, CREMAT REMOVAL (Specif BURIAL	12-21-1960		CEMETERY	23d. LOCATION (City, to ECKHAR)	r, MD.
2	24. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS FROSTBURG M	D		REGISTRAR'S SIGNATURE
	9111		rhopidund, M	DATE D	EC 2 3 '60	Onthur & Heave

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained to the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 and 2 and 4 be filed with page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I the State Baard of Health priar to burial, cremation, or remavol, and in any event within 72 hours after death.

VR A15 (4) 15M 9/59



VR A15 (4) 15M 9/59

MARYLAND	STATE	DEPARTMEN	T OF HEALTH
AL OF STATISTICAL	DECEARCH	AND DECORDE	DALTHAODE & MARNY

DIVISION OF STATISTICAL RESEA

CERT	IFICA	TE OF	DEATH

TE DEPARTMENT OF HEALTH	120/14
RCH AND RECORDS - BALTIMORE 1, MARYLAND	13241
ICATE OF DEATH	

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Allegany	Maryland Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares lown)	c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)
Lonaconing	\(\) Lonaconing
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Watercliffe Street YES NO.
3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Year
(Type or print) CHARLES	HACKER DEATH 12/23/1960 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	9/25/1883 Top st birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Retired Carpenter	Rawlings, MD. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry F. Hacker	Martha McKenzie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Clara Hacker, Lonaconing, MD.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	(WTFR) INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: \ \	ONSET AND DEATH
DUE TO	Cochemia & weeks
0.40	t' de l'in a l'invalue à
Conditions, if ony, which gove rise to immediate (b)	ue caravascuras assaul gears
couse (o), stoting the <u>under-</u> lying couse lost.	
, (c)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATIC	PERFORMED? YES NO
	ED. (Enter noture of injury in Port I or Port II of item 18.)
Hour o. m. While Not while	**RACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased frame	
saw the deceased alive an Dec 23 1960, and that	death accurred at 3.2.M, from the causes and on the date stated above
220. SIGNATURE	ATTENDING MED. STAFF SIGNED
Donily A.	M.D. PHYS. DIRECTOR PHYS. 12-27-6
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
L.K. MILES JR. M.D.	LONACOIVING MD.
23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Burial 12/26/1960 Oak Hill (Cemetery Lonaconing, MD.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
GEORGE EICHHORN LONACONING	, MD. DATE 128 60 Crailing 6 4
	4. Total R

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s revoine the haspital or attending physician.

RAL DIR CTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached far use as the burial-transit permit. Then pleose remave carban papers. Pages 1 and 2 ste Board at Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

17AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOS	may be	TO FUNE	page 3 the Sta	
VR 1S	A	9/5	(4)	

	13257	CERTIFICA	TE OF DEATH	MORE 1, MARIEAND	10010
1	PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYLAND	nere deceased lived. If institution b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, wr	te c. LENGTH OF STAY IN 16	CUMBERLAND	outside corporate limits, write RU	JRAL and give nearest town)
	d. NAMMENASSTALLIHO HOSPITALIM MEMORIAL &WARWICK A	eet address) VE •	d. STREET ADDRESS RT # 5		e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) DAV	Middle R.	HAMILTON	4. DATE Mont OF DEATH DECE	MBER 4 19 60
S	MALE MINTE	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH AUGUST I, I	904 9. AGE (In years last birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
11	Oo. USUAL OCCUPATION (Give kind of work done during most af warking life, even if retired)	Ob. KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (State MARYLAN		12. CITIZEN OF WHAT COUNTRY?
1	B. FATHER'S NAME WILLIAM A. HAMILTO		14. MOTHER'S MAIDEN N	STATE OF THE STATE	
	(If yes, give wor or dates of service)		MEMORIAL HOSPI	TAL , CUMBERLA	
	PART I. DEATH Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoting the under- lying cause lost.	and I have a	adial Face Dufantes when auly	luse un aconte	INTERVAL BETWEEN ONSET AND DEATH 15 WAGE
TACITA CISTAGO	PART II. OTHER SIGNIFICANT CONDITION HIGH HOLLEGE GO LEATH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIFETIHER, NOTIFY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH BUT OF CONTRIBUTION OF COURT	E Cardion	decala la	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
14010374	20c. TIME OF INJURY Month, Doy, Year 20 Hour a. fr. W p. m. 19	d. INJURY OCCURRED bile Not while for work at work	LACE OF INJURY (Home, farm actory, street, office bldg, etc.	20f. (City or town)	(County) (State
	21. 1 certify that (1) (this haspital) att saw the deceased alive an 12 220. SIGNATURE 122	1960, and that	M.D. ATTENDING MIPHYS. 22d. ADDRESS	ED. REENE ST., CUM	d an the date stated above 22b. DATE SIGNED
	30. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME DE CEMETERY	OR CREMATORY	23d. LOCATION (Gity, town, o	or county) (State)
2	EUNERAL DIRECTOR'S SIGNATURE	ADDRÉSS -			STRAR'S SIGNATURE

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0,,101	Z. CHORE HOUSE		
No.			
	West and Wales	Will S	
			97 HORD 19 19 E. L.
., (11.112)111.	TO THE POPULATION OF THE STATE OF		Michigan , 80
		Cities (ii)	

13243

13313

CERTIFICATE OF DEATH

Reg Dist No

1. PLAC													
	CE OF DEATH	Hamman				2. USUAL RESIDE	NCE (Wher	e deceased	l lived. If institu		nce befa	e admiss	ion)
	Alle	egany		.MA	ARYLAND	Ma	rvla	nd	B. COOK		egan	77	
b. CI		autside carporate lin	nits, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR TO	WN (If aut	side corpo	rate limits, write)
Fr	ostburg	2		Lifetim	er	Frost	burg		700 50	2			
O	R INSTITUTION	AL (If nat in haspital,	give street	address)		d. STREET ADI							FARM?
MI	ners Ho	spital				129 P	ine	Stre	et	7		YES [_	NO
	EASED		First	Mid		Last	4	OF DEATH		onth	Da		rear
	e di pinni	JOHN	T-	S		HARTIG		DEATH		2	31		9 60
5. SEX		6. COLOR OR RACE	7. MARI	RIED NEVER MA	RRIED 🔲	B. DATE OF BIRTH			9. AGE (In year last birthday	Manths	Days	Haurs	Min.
1	M	W	WIDOW	ED DIVOR	CED 🔲	4-1-190	0		60 yr	1410111113	Duys	Tidots	Will.
0a. USI	UAL OCCUPATIO	N (Give kind af wark	dane 10b.	KIND OF BUSINESS	OR INDU			foreign co		12.CI	TIZEN OF	WHATC	OUNTRY
dur	ring mast af wark	ing life, even if retire	ed)						-				
	y Engir	leer	100	onsolida	tea 1				rg, Md	•	U	S.A	
3. FATH	HER'S NAME					14. MOTHER'S M	AIDEN NA	ME					
	Phillir	Hartig				Elizab	eth	Stmi	hie				
		IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY	NO. II	NFORMANT	COLL	2010	Ac	dress F' P			3/1.2
(Yes, no, o	or unknown) (If yes, give war or dates of	f service)							- I.	osto	urg	, IVICE
	No	None	6	214-01-6	629 1	Ars. Pea	rl H	arti	g. 129	Pin	e_St		
1B.	CAUSE OF DEA	TH [Enter anly one o	cause per li	ine far (a), (b), and	(c).]	MATERIAL PROPERTY.	0.00				INTE	RVAL BE	
	PART I. DEAT	TH WAS CAUSED BY:	. /	Creba	1 -	tatu	Tie.	du			ONS	ET AND	
	110	IMMEDIATE CAUSE						1000		-		7 -2	
	1602 a	DUE TO	0	43				,					,
	anditions, if ar		(b)	Carcin	oma	of -	bron	reh	us.			uns	Rave
	ave rise to in	mmediate (HOTEL A				
	use (a), stating t ing cause last.	he under-	•										
-		,	(c)								1		
	PART II. OTH	ER SIGNIFICANT CO	NDITIONS !	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HETERMIN	AL DISEASI	CONDITION	IVEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY RMED?
0			and the same of	ne.									
ATIO			200	_								AE2 PG	NO T
OR SOG	. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature af i	njury in Pa	rt I ar Pari	II of item 18.)			AE2 M	NO [
20a. OR	. ACCIDENT WA CONTRIBUTING EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY	OCCURRE	D. (Enter nature of i	njury in Pa	rt I ar Pari	II of item IB.)			AES DO	NO [
CAL CERTIF	TIME OF INJUR	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Y).	INJURY OCCURRED	20e. PL/	ACE OF INJURY (He	ame, farm,				(County)	AE2 M	NO [
20a. OR (IF E	TIME OF INJURY	MEDICAL EXAMINER)	(ear 20d. I	INJURY OCCURRED Nat while	20e. PL/		ame, farm,				(County)	AE2 DG	
WEDICAL CERTIF	TIME OF INJURY Haur a. m. p. m.	MEDICAL EXAMINER) Y Manth, Day, Y	(ear 20d. I While at was	INJURY OCCURRED Nat while rk at wark	20e. PL/ fac	ACE OF INJURY (Ho ctary, street, affice b	ame, farm, oldg., etc.)	20f. (City	ar tawn)				(State
WEDICAL CERTIF	TIME OF INJURY Haur a. m. p. m.	MEDICAL EXAMINER) Y Manth, Day, Y	(ear 20d. I While at was	INJURY OCCURRED Nat while rk at wark	20e. PL/ fac	ACE OF INJURY (Ho ctary, street, affice b	ame, farm, oldg., etc.)	20f. (City	ar tawn)	0,that			(State
20c. VEDICAL CERTIF	TIME OF INJUR' Haur a. m. p. m.	MEDICAL EXAMINER)	(ear 20d. I While at was	INJURY OCCURRED R of wark sed fram.	20e. PL/fac	ACE OF INJURY (Hoctory, street, affice b	ta De	20f. (City	ar tawn)		ast saw	the d	(State
20c. VEDICAL CERTIF	TIME OF INJURY Haur a. m. p. m.	MEDICAL EXAMINER) Y Manth, Day, Y	(ear 20d. I While at was	INJURY OCCURRED R of wark sed fram.	20e. PL/fac	ACE OF INJURY (Ho ctary, street, affice b	ta De	20f. (City	ar tawn) 31 , 196 the causes of	nd an th	ast saw	the d	(State
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WEDICAL CERTIF	TIME OF INJUR' Haur a. m. p. m. I certify the	MEDICAL EXAMINER) Y Manth, Day, Y	(ear 20d. I While at was	INJURY OCCURRED R at while at wark as sed fram.	20e. PL/fac	ACE OF INJURY (Hoctory, street, affice b	ta De	20f. (City	ar tawn) 31 , 196 the causes of	nd an th	ast saw	the d	(State
20c. 21. ali	TIME OF INJURY Haur a. m. p. m. I certify the ive an D TUAL NATURE	MEDICAL EXAMINER) Y Manth, Day, Y	(ear 20d. I While at was	INJURY OCCURRED R at while at wark as sed fram.	20e. PL/fac	ACE OF INJURY (Hoctory, street, affice b	ta De	20f. (City	ar tawn) 31., 196 the causes of reet, city ar taw	nd an th	ast saw	the d	(State
WEDICAL CERTIF	TIME OF INJUR' Haur a. m. p. m. I certify the	MEDICAL EXAMINER) Y Manth, Day, Y	(ear 20d. I While at was	INJURY OCCURRED R at while at wark as sed fram.	20e. PL/fac	ACE OF INJURY (Hoctary, street, affice by accurred at	ta De	20f. (City	ar tawn) 31., 196 the causes of reet, city ar taw	nd an th	ast saw	the d	(State
20a. BUF	TIME OF INJURY Haur a. m. p. m. I certify the ve an	Y Manth, Day, Y. 19 at I attended the	Year 20d. I While at water decease 19	INJURY OCCURRED R at while at wark as sed fram.	20e. PL fact part death	ACE OF INJURY (He ctary, street, affice by G_, 1960, accurred at	ta De	20f. (City A, fram DDRESS (SI	ar tawn) 31., 196 the causes of reet, city ar taw	ind an the state) Y // A	ast saw ne date	the d	(State ecease I abave E SIGNE
20a OR (IFF E 20c. ali	TIME OF INJURY Haur a. m. p. m. I certify the ve an	Y Manth, Day, Y 19 at I attended the	Year 20d. I While at water decease 19	INJURY OCCURRED Nat while ork of wark sed fram De GD, and th Valta 2 /ters	20e. PLI fact death	ACE OF INJURY (Hectary, street, affice by G., 1960, accurred at	to De	20f. (City) A, fram DORESS (SI Pro L b 2d. LOCAT	ar tawn) 31., 196 the causes of reet, city ar tawn 2 01 W 02 UN 194 TION (City, tawn	nd an the	ast saw	the destated	(State ecease I abave E SIGNE
20a OR (IFF CESTIFE CORRECTION OR CITE	TIME OF INJURY Haur a. m. p. m. I certify the ive an	MEDICAL EXAMINER) Y Manth, Day, Y 19 at I attended the 2 Alvin J. N, 22b. DATE THERE	fear 20d. I While at war are deceased for the control of the contr	INJURY OCCURRED Nat while In all work sed fram. De L. and th Alters 2c. NAME OF C Frostb	20e. PLI factor of the state of	ACE OF INJURY (Hectory, street, office by G., 1960, accurred at M.D	to De	20f. (City) A, fram DORESS (SI Pro L b 2d. LOCAT	ar tawn) 31., 196 the causes of reet, city ar tawn 2 01 W 02 UN 194 TION (City, tawn	nd an the	ast saw	the destated	(State ecease I abave E SIGNE
20a OR	TIME OF INJURY Haur a. m. p. m. I certify the ve an	MEDICAL EXAMINER) Y Manth, Day, Y 19 at I attended the 2 Alvin J. N, 22b. DATE THERE	ear 20d. I While at war are deceased at the control of the control	INJURY OCCURRED Nat while ork of wark sed fram De GD, and th Valta 2 /ters	20e. PL fact mat death EMETERY O	ACE OF INJURY (Hoctory, street, office by G., 1960, accurred at M.D. 4. P. P. R. CREMATORY Memorial 1. 12	ta Development of the Post of	20f. (City A, fram DDRESS (SI BY D 2d. LOCA BY REGIST	ar tawn) 31., 196 the causes of reet, city ar tawn 2 01 W 02 UN 194 TION (City, tawn	ind an the state) Y // A	ast saw	the destated	(State ecease I abave E SIGNE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retain by the haspital or attending physician.

TO FUNERAL DEJECTOR: After this certificate has been signed by the ottending physician and completely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages: ages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer degrin.

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prior to buriof, cremation, ar remaval, detached for use as the buriol-transit permit. the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

CEDTICICATE OF DEATH

13244

	13320	CERTIF				
a. COUNTY	Allegany	MARYL	o. STATE	(Where deceased lived. If b. Co	OUNTY	before odmission)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, writ	c. LENGTH OF STAY I	N 16 c. CITY OR TOWN	(If outside corporate limits,	write RURAL and give	ve nearest tawn)
Cumbe		6/24/57	02	Cumberla	and	
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, give strong Allegany Co		d. STREET ADDRESS	Cumberland	Street	e. IS RESIDENC ON A FARM YES NO
NAME OF						
DECEASED (Type or print)	Zebulo	n M.	Hewitt	4. DATE OF DEATH DOCE	Month ember	12, Year
. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIE	D B. DATE OF BIRTH	9. AGE (Ir lost birt	46 1 1	YEAR IF UNDER 24 H
Male	White wind	OWED DIVORCED	3/26/1879	9 81	thday) Months D	Pays Hours Mir
. USUAL OCCUPA	TION (Give kind of work done 1	06. KIND OF BUSINESS OF	R INDUSTRY 11. BIRTHPLACE (SI	tote or foreign cauntry)	12.CITIZE	N OF WHAT COUNT
	rking life, even if retired) 2 Auditor		New Yor	rk, New Yor	ek II	. S. A.
HOLTLAN			11011 707		- 1	
B. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
	Zebulon M.		Isabe	ll O'Connel		
S. WAS DECEASEDE Yes, no, or unknown)	Zebulon M. IVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) EATH {Enter only one cause pe	16. SOCIAL SECURITY NO.	Isabe	ll O'Connel	Address C um	berland, l cords
S. WAS DECEASEDE (Yes, no, or unknown)	Zebulon M. IVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Isabe	ll O'Connel	Address C um	cords
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1B. CAUSE OF D PART I. D Conditions, if gave rise to couse (o), stolir lying cause las PART II. C 20a. ACCIDENT V OR CONTRIBUTIO	Zebulon Me VER IN U. S. ARMED FORCES? (If yes. give war or dates of service) EATH {Enter anly one cause pe EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony, which immediate gg the under- t. (c) OTHER SIGNIFICANT CONDITION	16. SOCIAL SECURITY NO. In line for (a) (b) and (c). Security Security NS CONTRIBUTING TO DEA	Isabel 17. INFORMANT P.O. I Allegany Co Conary Ho Cral His eral art	Box 599 Sounty Infin	Address Cum rmary Re	INTERVAL BETWEEN ONSET AND DEAT

21. 1 certify that (1) (this haspital) attended the deceased from 9/244 saw the deceased alive an 12/12/60 19 ... and that death according to the same of the same saw the degeased alive an 1 220. SIGNATURE

ATTENDING PHYS. MED. DIRECTOR M.D.

22d. ADDRESS

STAFF PHYS.

23d. LOCATION (City, town, or county)

22b. DATE SIGNED

(Stote)

22c. PHYSICIAN'S NAME (Type)

James E. McLean

Greene St., Cumberland, Md.

BURIAL, CREMATION, REMOVAL (Specify)

CEMETERY OR CREMATORY Parks

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

M, fram the causes and an the date stated above.

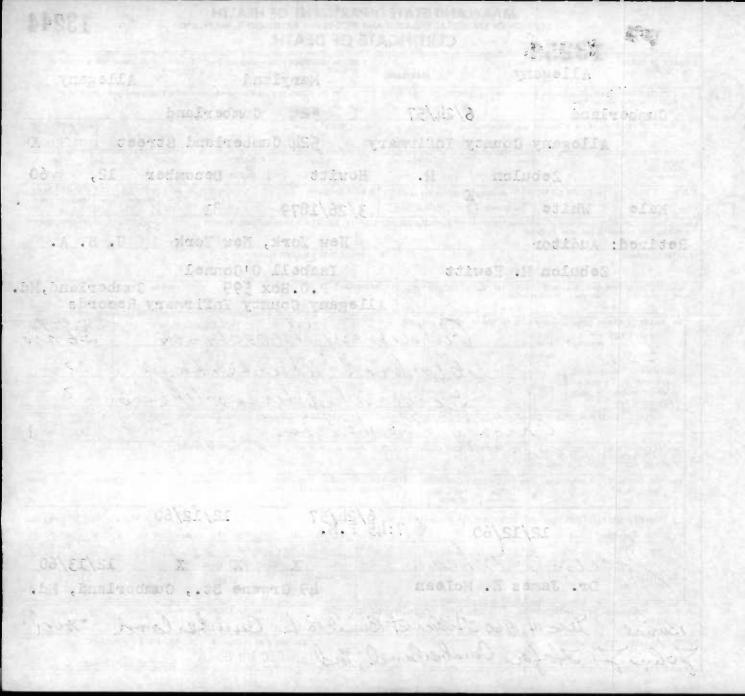
24, FUNERAL DIRECTOR'S SIGNATURE

9 '60

page 3 should be detache the State Board of Health TO HOSPITAL OR TO FUNERAL DIR may be retained VR A15 (4) 15M 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

108. After this certificate has been signed by the attending physician and completely filled in by detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2



MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARC

13259

CERTIFI

	TE OF DEATH	MORE 1, 1	MARYLAND		j	LUA	10
ND	2. USUAL RESIDENCE (Who o. STATE MARY		d lived. If institution b. COUNTY		nce befo		sion)
16	c. CITY OR TOWN (If o	utside corpo	cumbers.	_ 14	give ne	arest town	n)
	d. STREET ADDRESS R.R.D.	#1	COMBERE	AND			FARM?
	Last HOOK	4. DATE OF DEATH	Mani DECEMB		2 1	,	Year 1960
	B. DATE OF BIRTH SEPT. 11,18	80		IF UNDE Months		Hours	Min.
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	14. MOTHER'S MAIDEN N		Benne	H			
	PATIENTS CHART		Addr	ess			
F	ailure				180	ERVAL BESET AND	DEATH
r	accident, les	t hem	isphere		30	day	8
Art	eriosclerotic	Hear	t Disease			62	
H_BU	T NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a)	9. WAS	AUTOPSY

23d. LOCATION (City, town, or county)

256. REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR
DEC 2 7 '60

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(State)

	PLACE OF DEATH			MARYL		USUAL RESIDENCE (o. STATE MAF	Where decease RYLAND	ed lived. If instit b. COUN	TV .	e before adn LEGANY	
t	RURAL and pive	routside carporate limi REAND	ts, write c.	30 DAYS	N 16	c. CITY OR TOWN (orote limits, write CUMBER		ive nearest to	own)
(SACRED	AL (If not in haspital, & HEART HOS	pive street add	ress)	1	d. STREET ADDRESS R.R.[ON	RESIDENCE N A FARM?
(NAME OF DECEASED Type or print)		RGIA	8tta		Last HOOK	4. DATE OF DEATH	DECEN		Day	Year 1960
5. 5	FEMALE	WHITE	7. MARRIED	NEVER MARRIED DIVORCED		SEPT. 11,1	1880	9. AGE (In year lost birthday		Doys Hou	
10a	during most of work	N (Give kind of work ing life, even if retired EWIFE	done 10b. KIN	t Hom	INDUSTRY	11. BIRTHPLACE (SH	C.	tema	12. CITIZ	EN OF WHA	S.
13.	FATHER'S NAME	C HYMES	(DECEAS	ED)	14	Freelo	n NAME	Beun	ett		
		R IN U. S. ARMED FOR If yes, give war or dates of t		CIAL SECURITY NO.	17, INFOR	MANT LENTS CHAF	RT	^	Address		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Conges		t Fai	lure				ONSET A	BETWEEN ND DEATH
	Conditions, if or gave rise to in cause (a), stating t lying couse last.	mmediote DUE TO		eal vascul					se	30 da	vs
CERTIFICATION	Patien 20a. ACCIDENT WA OR CONTRIBUTING	er significant con	ardial	ITRIBUTING TO DEA	n in	related to the te	RMINAL DISEA	se condition	GIVEN IN PART	1(a) 19. WA PEF YES	RFORMED?
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	ar 20d. INJU While at work	Not while		OF INJURY (Home, f street, office bldg.,		ty or town)	(C	ounty)	(Stote
	saw the deceas	t (1) (this haspita ed alive on Dec									red abave
	22c. PHYSICIAN'S	and F. E	ony	nind	M.D.	ATTENDING PHYS.	MED." DIRECTOR	STAFF PHYS.	G-Wal	12	226. DATE SIGNE 2-21-6
	NAME (Type)	AND F. DOE	RNER, JR	R.,MD.		ALGONQUIN	HOTEL	, CUMBER	RLAND, M	ARYLAN	D.

VR A15 (4) 1SM 9/59

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE THEREOF,

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 13260 CERTIFICATE OF DEATH

13246

1. PLACE OF DEATH a. COUNTY ALLEGA	NY		MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY	on: Residence before admission) MINERAL
b. CITY OR TOWN RURAL ond give		nits, writer c. LENGT	DAYS	c. CITY OR TOWN (IF	outside corporote limits, write RU	URAL and give nearest town)
d. NMENORG		give street address)	0413	d. STREET ADDRESS	8	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		irst ANDA	Middle HC	UDERSHELDT	4. DATE Mont	Day Year
5. SEX FEMALE	6. COLOR OR RACE	7. MARRIED NE	VER MARRIED DIVORCED	B. DATE OF BIRTH 2-4-1886	9. AGE (In years last birthdoy) 74 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during most of v 13. FATHER'S NAME	TION (Give kind of work arking life, seven if retire	dane 10b. KIND OF (BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State W.VA 14. MOTHER'S MAIDEN I	NAME	12. CITIZEN OF WHAT COUNTRY?
	VER IN U. S. ARMED FO			MARY CO NFORMANT MEMORIAL HOSP	Addr ITAL, CUMBERLAN	
	immediate DUE T	(a) P)	men (Len	be audu	Varale Mr	INTERVAL BETWEEN ONSET AND DEATH
E 20g. ACCIDENT	WAS UNDERLYING []	206. DESCRIBE HOY	Offin	T NOT RELATED TO THE TERM ED. (Enter nature of injury in	chal	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION (IF EITHER, NOT 20c. TIME OF IN. Hour o. (n. 10	ear 20d. INJURY OC	while	LACE OF INJURY (Home, farm octory, street, office bldg., etc		(County) (State)
	hat (I) (this haspite			death occurred at 10	Morrow the causes an	d an the date stated abave. 22b. DATE
22c. PHYSICIAN NAME (Type	-	MMELWRIGHT		M.D. PHYS. D 22d. ADDRESS	RECTOR PHYS.	12/4/6-
23a. BURIAL, CREMA REMOVAL (Spec Surve 24. FUNERAL DIRECT		160 al	ME OF CEMETERY RESS	elery	Mean Ridge D BY REGISTRAR 25b. REGIS	or county) (State) Cley W. Va STRAR'S GNATURE

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Pages 1

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

CTOR: After this certificate has been signed by the attending physician and campletely filled in

y the haspital ar attending physician.

MADVIAND STATE DEDADTMENT OF HEALTH

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PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived. If inst	itution: Residence before admission)
o. COUNTY Allegany	MARYLAND	o. STATE Mary	land b. cour	Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16		f outside corporate limits, wri Land	te RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM YES NO.
NAME OF DECEASED (Type or print) Robert	Middle V.	Hunt	OF	Month Day Year cember 5 19 6
SEX 6. COLOR OR RACE 7. MARRI Male White WIDOWE		B. DATE OF BIRTH July 10.18	9. AGE (In ye lost birthdo	POY) Wonths Doys Hours Mi yrs.
o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner C FATHER'S NAME	kind of Business or Indu		urg. Maryla	12. CITIZEN OF WHAT COUNT
John W. Hunt			ry Ellen Da	yton
Yes, no, or unknown) If yes give war or dates of service) -	14-01-3800	Mrs.Charle		Address Midland, Md.
18. CAUSE OF DEATH [Enter only one couse per lin	e for (0), (b), ond (c).]	"Daught	cer",	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ute coron	any occl	usion	minute
Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-lying couse lost.</u>	teriosclerati	i Cardiovo	iscular Lis	iare years
PAM II, OTHER SIGNIFICANT CONDITIONS CO. ACCIDENT WAS UNDERLYING CO. ACCIDENT WAS UNDE	ONTRIBUTING TO DEATH BUT	iera		PERFORMED YES NO
<u> </u>		ACE OF INJURY (Home, factory, street, office bldg., e		(County) (St

MED.
DIRECTOR

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type

220. SIGNATURE

LONACONING 23c. NAME OF CEMETERY OF CREMATORY Memorial Park

23d. LOCATION (City, town, or county)

(Stote)

Md.

23d. BURIAL, CREMATION, 23b. DATE THEREOF 12/8/60 24. FUNERAL DIRECTOR'S SIGNATURE
George Eichhorn

ADDRESS

Frostburg, 25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Lonaconing,

DATEDEC 8

William S. Frank

TO FUNERAL DIL CTOR: After this certificate has been signed by the attending physician and campletely fille page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13261 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva nearast town) CUMBERLAND, MD. DAYS CUMBERLAND, MARYLAND d. NAME OF HOSPITAL OR INSTITUTION WARMON ! AL d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 21 POUPLAR STREET AVES .. YES NO T NAME OF Middle DECEASED 1960 JUD I DE CEMBER JORDAN DEATH (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yaers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) 24-1960 Months DECEMBER Hours FEMALE WHITE WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Steta, or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) CUMBERLAND, MARYLAND U. S. A. 넙 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending KENNETH F. JORDAN HEARN, BARBARA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) | (If yas give war or dates of sarvice) MEMORIAL HOSPITAL, CUMBERLAND, MD. permit 18. CAUSE OF DEATH (Enter only one cause poculina for (a), (b), and (c) NTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ö IMMEDIATE CAUSE (a) gave rise to immadiata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) P OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING After 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, * 20f. (City or town) (County) (Steta) fectory, street, office bldg., atc.) Whila Not While Hour e.m. at work at work n m OR: 22b. DATE OR 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. death. Page TO FUNERAY director, page be filed with th 22d. ADDRESS 22c. PHYSICIAN'S BEDFORD ST., CUMBERLAND, MD. B. WHITWORTH 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (S E. McKeesport, Pa. Jan 1961 St Josephäs Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATEJAN 4 117 Frederick St. Cumb. Md. 15M 9/60 Cirina & Krone 1000

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AMBERLAND, FOR PERCHAL PROPERTY PARTY ON THE PROPERTY OF THE PROPERTY OF THE STREET,

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH	EGANY	MARYLAND	o. STATE	NNSYLVANI	b. COUNTY		fore admiss	ion)
b. CITY OR TOW	N (If outside corporate limits, write	c. LENGTH OF STAY IN 18		OWN (If outside cor		RURAL ond give r	earest town	n)
	re neorest town) IBERLAND	I HR . 25 MI	BE.	DFORD				
d. NAME OF HO	SPITMEMORTALININSPTT	oudress)	d. STREET AI	•#3	75	x-3	e. IS RES ON A YES T	FARM?
3. NAME OF DECEASED (Type or print)	First MONR OF	Middle F.	KE IST	OF				Year 1960
S. SEX	6. COLOR OR RACE 7. MARI						-	
MALE	WHITE WIDOW	ED DIVORCED	MARCH 3	, 1900	9. AGE (In years lost birthdoy) of yrs.	Months Doys	Hours	Mín.
10a. USUAL OCCUP. during most of	ATION (Give kind of work done 10b. warking life, even if retired)	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPL	ACE (Stote ar fareign	country)	12. CITIZEN	OF WHAT C	OUNTRY?
		nderwriters	LEWI	SBURG, PA	•	U.S.	A .	
3. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
)	CHARLES E. KEIST	TER	MAR	Y E. REIT	ENBAUGH			
15. WAS DECEASED	EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT		Add	dress		
Yes	Ilf yes, give war or dates of service) WW 1 DEATH [Enter only one couse per li	12 18 1125	MEMORIA	L HOSPITA	L. CUMBER	LAND, MO	•	
Conditions, gave rise to cause (a), stat lying couse lo	OTHER SIGNIFICANT CONDITIONS					VEN IN PART 1(0)	PERFC	AUTOPSY DRMED?
(IF EITHER, NO	TING CAUSE OF DEATH	CRIBE HOW INJURY OCCUR						
20c. TIME OF IN Hour o.	m. While	Nat while	PLACE OF INJURY (1) factory, street, affice		lity or town)	(Count	у)	(State)
	rs Blisser (de	ded the deceosed from		MED. DIRECTOR (m the causes a	nd on the da	te stoted	we) last d obove, b. DATE SIGNED
230. BURIAL, CREMA REMOVAL (Spe Burial 24. FUNERAL DIRECT	Dec.17,1960	23c. NAME OF CEMETERY Frostburg Me		rk 25o. REC'D BY REG			(Stat	(e)
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. IS RESIDENCE ON A FARM?

YES NO TO

1960

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PERFORMED? NO Y

DATE SIGNED

O. Thun & Knows

(State)

NAME (Type) BENEDICT SKITARELIC. M.D. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Cumberland, Maryland Burial 12/16/60 SS. Peter & Paul's 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE H. Wayne George Cumberland. Md. DATE DEC 1 6 '60

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. #	COUNTY	legany		MARY	LAND	2. USUAL RESIDEN o. STATE	ce (Where dece	- h COI	INITY	Allega		sion)
t	RURAL and give ne	Foutside corporate limi arest town)	ts, write	c. LENGTH OF STAY		W	/N (If outside co	rporate limits, w	ite RURAL	ond give ne	rest town)
,	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g Main St.	give street			d. STREET ADD		•			ON A	IDENCE FARM?
1	NAME OF DECEASED (Type or print)	fir Mili	nnie	Middle	ıv	Lewis	4, DAT OF DEA		Manth Dec.	De 9		Year 19 60
S. S		6. COLOR OR RACE		NEVER MARRI		May 11.	1882	9. AGE (In y lost birtho	ears IF U	NDER 1 YEAR nths Days	IF UNDI Haurs	R 24 HRS. Min.
-	USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired	done 10b.	- 00	R INDUST	RY 11. BIRTHPLACE		n country)		2. CITIZEN C	F WHAT	COUNTRY?
3.	FATHER'S NAME	Henry	Loy			14. MOTHER'S MA	Brown					
(Ye)	1B. CAUSE OF DEA	R IN U. S. ARMED FOR III yes, give war or dates of s TH [Enter only one co TH WAS CAUSED BY:	suse per lin	none	Mrs	James	Summe	rs,01d	Address	INT	ERVAL BE	
NO	Canditions, if a gave rise to it cause (a), stoting lying cause last. PART II. OTHER	mmediate ()) 	General a				EASE CONDITION	N GIVEN IN		9. WAS	* RS
MEDICAL CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)	or 20d. If	CRIBE HOW INJURY O NJURY OCCURRED Not while k	20e. PLA	(Enter nature of in	ne, form, 20f. (1.)	(Caunty)	YES 🗌	(State)
	-	at I attended the	J. 12	ed fram. 19. , and that			ADDRESS		es and	an the do	te stote	
220	BURIAL, CREMATIO REMOVAL (Specify)		OF .	22c. NAME OF CEM Davis Me				cation (city, to		unty) Md.	(Stot	(e)
	FUNERAL DIRECTOR			ADDRESS Cumberlan		24	o. REC'D BY REC	GISTRAR 24b.		R'S SIGNATU		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DE CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 mild be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs ofter death. VS A1S (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13253 1326 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY Allegany b. COUNTY Allegany Mary land MARYLAND b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Cumberland 48 vrs. Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? D. O. A. Memorial Hospital 926 Maryland Ave. YES NO First Middle Day Year OF DEATH Light Kirk (Type or print) Dec. Chester 1960 9. AGE (In years 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED TO 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Hours Jan. 29,1899 White WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Sewing Center Paw Paw, W. Asst. Manager USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary E. Lewis Noah H. Light 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Chester Light, Cumberland, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN SUDDEN PART I. DEATH WAS CAUSED BY: OCCLUSION CORONARY IMMEDIATE CAUSE (o) DUE TO CORONARY SCLEROSIS Canditions, if any, which gove rise to immediate couse **DUE TO** (o), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO M 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection X Inquiry X and find that

20g. EXTERNAL CAUSE WAS PRIMARY G or CONTRIBUTING CAUSE OF DEATH.

20c. TIME OF INJURY

Accident , Suicide , Homicide , Undetermined cause . deoth resulted from: Notural causes VI,

Rose Hill Cemetery

ACTUAL SIGNATURE

3. NAME OF

5. SEX

DECEASED

Male

CHIEF MEDICAL EXAMINER

DATE SIGNED

NAME (Type)

REMOVAL (Specify)

Benedict Skitarelic, M.D.

DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY

Dec. 22, 1960 22d. LOCATION (City, tawn, or county) Cumberland, Md.

(Stole)

12-24-1960 23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, 22b. DATE THEREOF

ADDRESS

24g. REC'D BY REGISTRAR

ASSISTANT MEDICAL EXAMINER

24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

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James F. Scarpelli, Cumberland, Md.

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TO HOSPITAL OR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	PLACE OF DEATH o. COUNTY A	llegany		MARYLA	AND	2. USUAL RESI	DENCE (WH Taryl			f institutio	n: Resider	9	re odmiss any	ion)
	b. CITY OR TOWN (IF	outside corporate limi prest town)	ts, write	c. LENGTH OF STAY IN	1 1b		•	oning		, write Rl	URAL ond	give nec	arest tawr)
	OR INSTITUTION	rs Hospital, g	_	ddress)		d. STREET A		as A	renu				e. IS RES ON A YES	FARM?
	NAME OF DECEASED (Type or print)	Margare	et	Middle Lynn		Likens		4. DATE OF DEATH	Dec	emb e	er	-	10	^{7ear} 9 6(
S. S	'emale	6. COLOR OR RACE White	7. MARRI WIDOWE	ED NEVER MARRIED		B. DATE OF BIRTI		1960	9. AGE (last b	In years irthday) yrs.	Months 10	13	Hours	R 24 HRS. Min.
100	. USUAL OCCUPATIO during most af worki	N (Give kind af working life, even if retired	dane 10b. 1	none	_	STRY 11. BIRTHPL	ACE (State	or foreign co		and		U.S.		OUNTRY?
13	FATHER'S NAME	oseph W.I	Liker	ıs		14. MOTHER'S Ruth		chens	son					50
is.		IN U. S. ARMED FOR If yes, give war or dates of s		none	J	oseph W		ens	L	Addr onac	coni	ng,	Md.	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	0	e for (o), (b), and (c).]	iic	"Father						INTI ONS	ERVAL BE	TWEEN DEATH
	Conditions, if on gove rise to in couse (o), stoting t lying cause lost.	nmediote (, Ih	fantile	9	uasil	ea-	dely	1 dr	atio	ń	2	W	eeks
CERTIFICATION	PART II. OTH	er significant con	DITIONS <u>C</u>	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THE TERMI	INAL DISEAS	E CONDI	TION GIV	EN IN PAI	RT 1(a) 1	9. WAS PERFC YES [RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRE	D. (Enter nature o	of injury in	Port 1 or Part	t II of ite	m 1B.)		24		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Ye 19	20d. IN While of work	Nat while	Oe. PL	ACE OF INJURY (ctory, street, offic	Home, farm e bldg., etc	n, 20f. (City	or town	6/1		(County)		(Stote)
	saw the deceas	t (1) (this haspita ed alive an	1 4	ed the deceased f			,	60, .ta M, fram	the co				stated	
	22c. PHYSICIAN'S	Inile	De	nd		M.D. PHYS.	XI DI	ED. RECTOR	STAFF PHYS			1:	21/2	b. DATE SIGNED
230	NAME (Type)	MILES	115	M.D.	FRY O		VACO	23d. LOCA		v town	or county)		MO.	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4	may be revained by the hospital or attending physician. TO FUNERAL DILYCTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 for do be filled with the State Board of Health prior to burial, cremation, or remayal, and in-any event, within 72 hours ofter death.
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LOR	may be retaine by the hospital or attending physician. TO FUNERAL DIMCTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 page 1 the State Board of Health prior to burial, cremation, or remaval, and in-my event, within 72 haurs ofter death.
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	13265	CERTIFICA	IE OF DEAL					
1.	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased	l lived. If institution b. COUNTY	n: Residence be	fore admis	usion)
	Allegany	MAKILAND	Marylan	d		Allegan	V	
	 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) 		c. CITY OF TOWN		rate limits, write RÚ	RAL and give n	earest taw	m)
	Cumberland	6Days	d. STREET ADDRES	erland			1	
	Cumber and d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION	et address)					e. IS RE	A FARM?
	Sacred Heart Hosp		11G. Jane	Frazier	· Village		YES [NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Mont	h (Day	Year
	(Type or print)	Lo Lo	ng	DEATH	December	25		19 60
5.		RRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER TYEA		DER 24 HRS
	Male White WIDON	WED DIVORCED	6/2/02		57 yrs.	Months Days	Hours	Min.
10c	n. USUAL OCCUPATION (Give kind of work done 10) during most of working life, even if retired)	. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (S	tate ar foreign co	ountry)	12. CITIZEN	OF WHAT	COUNTRY
	Independent Cab Co.		Mary	land		II.	S.A.	11111
13.	FATHER'S NAME		14. MOTHER'S MAIDE	EN NAME			- 0	
	Tawas O Tama			D				
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 10	6. SOCIAL SECURITY NO. 17. IN	FORMANT NOLLL	e Burns	Addre	ess		
[Ye	secon or unknown) [If yes, give way or dates of service]		Chart					
	B. CAUSE OF DEATH [Enler only one cause per	line for (a), (b), and (c).]	- VIIGI-0			IIN	TERVAL B	ETWEEN
	PART I. DEATH WAS CAUSED BY:	1.0	0 /	1		O	SET ANI	DEATH
	IMMEDIATE CAUSE (o)	mumores	gunan	Lome			400	m
	501X DUE TO	appenil, en	1-				1.	1
	Conditions, if any, which) (b)	appendit en	his				a al	-
	gave rise to immediate Couse (o), stating the under-							0,
	lying cause last. (c)							
TON	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASI	CONDITION GIVE	N IN PART 1(o)	19. WAS	AUTOPSY ORMED?
CAI] NO [
CERTIFI	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Part	II of item 18.)			
CAL	20c. TIME OF INJURY Month, Doy, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home,	farm, 20f. (City	ar tawn)	(Count	y)	(Stote
MEDI	Haur a.m. 19 Whil	e Not while for	tary, street, affice bldg.,	etc.)				
×	p. m. 17 of w	ork of wark	- A 7 m					
	21. I certify that (I) (this hospital) atter	nded the deceased fram	12-15	19/20 , ta	7- 4	1964.	that (I)	(we) las
	saw the deceased alive an 12 - 1	9 and that d	leath accurred ar	M, fram	the causes and	an the da	te state	d above
	220. SIGNATURE			31-1-1			2:	2b. DATE SIGNE
	a /mix	market from the contract of	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNE
	22c. PHYSICIAN'S NAME (Type)	TOTAL STREET	22d. ADDRESS	355 3				
	Dr. L.Bring	28.						
23c	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCAT	TION (City town, a	r county)	(Sto	ote)
	Durief 12/28/60	Thosthry by	ine Ph.	Fre	elting	200	<	
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. [REC'D BY REGIST	RAR 256 FEGIS	TRAR'S SIGNAT	URE	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12200 CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	moy be retained by the haspital or attending physicion. TO FUNERAL DIM, COOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 d be filed with	1	1)
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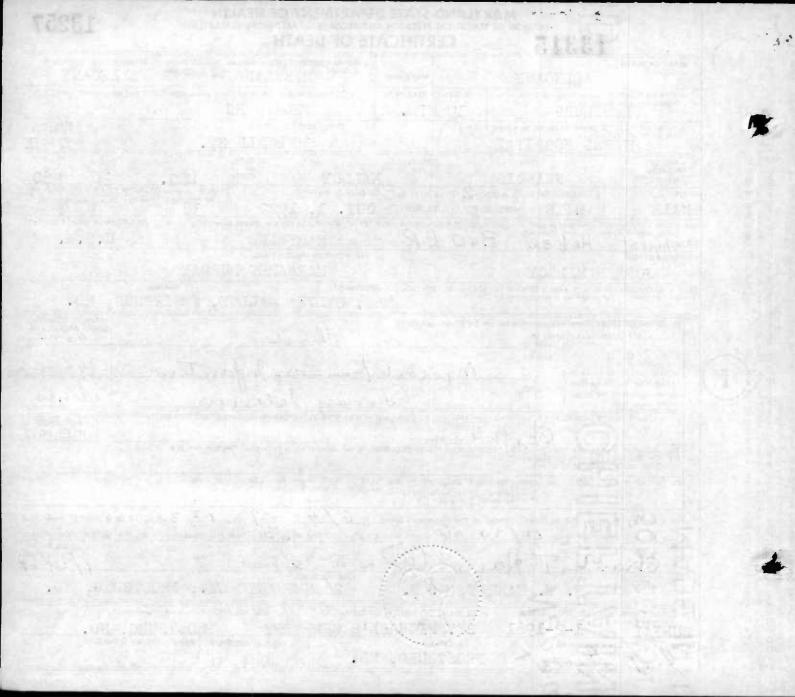
	0200	CERTIFIC	716	OI DEATH				
PLACE OF DEATH			2.	USUAL RESIDENCE (Wh	ere deceased lived.	If institution: Re	sidence before	odmission)
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	outside corporate limits, write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If o	utside corporate lin	nits, write RURAL	ond give neare	est fown)
RURAL ond give ne	arest town)						4	5-V 2
Cumber.	Lana AL (If not in hospital, give street	address)		d. STREET ADDRESS		Rt.	1	IS RESIDENCE
OR INSTITUTION				d. SIKEET ADDRESS				ON A FARM?
Sacred	Heart Hospita							YES NO
NAME OF DECEASED	First	Middle		Last	4. DATE OF	Month	Day	Year
(Type or print)	Charle	es Dewey	L	uman	DEATH	Decembe	r 5	19 60
. SEX	6. COLOR OR RACE 7. MAR	RIED A NEVER MARRIED] 8. D.	ATE OF BIRTH				F UNDER 24 HRS.
Male	White WIDOW	ED DIVORCED		April 2		birthdoy) Mor	nths Days	Hours Min.
Oa. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR IN	DUSTRY				2. CITIZEN OF V	VHAT COUNTRY?
during most of work	ing life, even if relired)						** 0 4	•
3. FATHER'S NAME	truction		1/	Pa. I. MOTHER'S MAIDEN N	IAME		U.S.A	<u> </u>
					-			
T WAS DESERTED FUED	Simon Luman	cocui cecunizatio In	, INFOR	Margare	t Burley	A 1.1		
Yes, no, or unknown)	If yes, give war or dates of service)					Address		
No		196-16-1	510	Wife Med	a Luman	As ab	ove	
18. CAUSE OF DEA	TH [Enter only one couse per li	ine for (o), (b), and (c).]					INTER	VAL BETWEEN T AND DEATH
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	P. Dunguan		and and			4	1 duns
161X	DUE TO	· · · · · · · · · · · · · · · · · · ·						
Conditions, if on	w which)	111111	. (2	1. 0			
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lying couse lost.	(c)	Carcinome	0	1 course	5105.45 601		10.07.1/ 1/10	WAS AUTORSY
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH E	BUI NO	RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN	Y PART 1(0) 19.	PERFORMED?
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OR CONTRIBUTING	S UNDERLYING 20b. DES	CRIBE HOW INJURY OCCUI	RRED. (E	nter noture of injury in I	Port I or Port II of i	tem 18.)		
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)							
	Month, Doy, Year 20d.			OF INJURY (Home, form		n)	(County)	(Stote)
Hour o.m.	19 While	Not while	roctory,	street, office bldg., etc.	.)			
				10	12		20/00 1	
	t (I) (this haspital) atten				Se . to			t (1) (we) last
	ed alive an 5 Dec	19_60 and tha	t deat	h accurred at 953	M, fram the o	auses and a	the date s	
220. SIGNATURE	^			ATTENDING MI	ED STA	FF		22b, DATE SIGNED
wi	llici P Jac	ues	M.D.	PHYS. DI	ED. STA	rs. \square	12	2-6-60
22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS	4	0 0 1	0 0	
	W. Iames.			4414 Cu	itu JK,	Cumber	and 1	uel
3a. BURIAL, CREMATION	N, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CR	EMATORY	23d. LOCATION (City, town, or cou	inty)	(Stote)
REMOVAL (Specify) Burial	Dec.8,1960	Zion Memo:	ria	l Park	Cumberl	and Md		
4. FUNERAL DIRECTOR'S		ADDRESS			D BY REGISTRAR	25b. REGISTRAF		
Homas	H. Loueler	Hyndman, Pa	-} .					
Jacob - V	4 / 120/0	TI'A HOURIGITIE I	~ 0	DAIEDE	1 2 '60	Clarkburg	8 Kines	

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VR A1S (4) 1SM 9/59

1.	PLACE OF DEATH o. COUNTY	ALLEGAN	Y	MARYLAN	0	SUAL RESIL	MARYI	AND		institutio OUNTY		-	ANY	on)
	RURAL ond give ne	outside corporate limit: TBURG	s, write c.	LENGTH OF STAY IN	lb c.	-	FROS I			write RI	URAL ond	give nec	rest town)
	d. NAME OF HOSPITA OR INSTITUTION MINE	AL (If not in hospital, gi		dress)	d	. STREET A	DDRESS 30 BH	MIL	ST.					DENCE FARM? NO X
3.	NAME OF DECEASED (Type or print)	Firs FRANC		Middle	MAT	los		4. DATE OF DEATH	T	Mon	th	30	'	reor 1960
S.	SEX			NEVER MARRIED		TE OF BIRTI	Н		9. AGE (1	yeors	IF UNDER	RIYEAR	IF UNDE	R 24 HRS.
	MALE	WHITE	WIDOWED (DIVORCED [003	r. 1.	192	2	lost bir	B yrs.	Months	Days	Hours	Min.
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13.	FATHER'S NAME	T MATTON			14.		MAIDEN N		. V CI CIL.	7				
16		H MALLOY	EC2 14 CO	CIAL CECURITY NO. I	7. INFORM		RGAR	ET M	JRRA:	Y. Addr		- 31		
		f yes, give wor or dates of se			MRS.		/IA M	ALLO:	Y, F			G, 1	MD.	
	PART 1. DEAT 420 1 Conditions, if on		se per line f	for (0), (b), and (c).]	rie/G	Sh	ock	Into	iset	ion		INTI	HAS	DEATH
	gove rise to in couse (o), stoting t lying couse lost.			C	ron	ary	Sel	ew	sis			+	64	rs.
CATION	PART II. OTH	ER SIGNIFICANT COND	Aro C	NTRIBUTING TO DEATH	BUT NOT R	RELATED TO	THETERMIN	VAL DISEAS	E CONDITI	ON GIV	EN IN PAI	RT 1(o) 1	PERFO	RMED?
L CERTIF	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	DESCRI	BE HOW INJURY OCCU	RRED. (Ent	er noture o	finjury in P	ort I or Por	t II of item	18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While at work	_ Not while _	foctory, s	F INJURY (street, office	Home, form, bldg., etc.)	20f. (City	or town)		((County)		(Stote)
		F. T. H	/30 Har IARRA!	the deceosed from 1960, and the T, M. D.	M.D.	ATTENDING PHYS. 22d. ADDRI	at 6 S	D. ECTOR		ses on	d on th	e dote	stated 22t	abave.
1	G. BURIAL, CREMATION REMOVAL (Specify) BURIAL, FUNERAL DIRECTOR'S	1-2-196	51	ST'. MICHA ADDRESS ROSTBURG,	EL'S		ETERY	23d. LOCA BY REGIST	FRO	STB b. regis	URG .		(Stot	2)



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13267

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	- CTATE	ENCE (Where decease Maryland	ed lived. Il institut b. COUNTY		
b. CITY OR TOWN RURAL ond give r Cumber		c. LENGTH OF STAY IN 16		OWN (If outside corp berland	orale limits, write F	RURAL and give ne	earest town)
d. NAME OF HOSP OR INSTITUTION 804 BUG	ITAL (If not in hospital, give st ckingham Rd.	reet address)	d. STREET AI	Buckingha	um Rd.		e. IS RESIDENCE ON A FARM?. YES NO E
3. NAME OF DECEASED (Type or print)	First NELLIE	Middle JOSEPHINE	Lost HANLE	4. DATE OF DEATH	Mar Dec.	nth D	oy Year 19 60
s. sex Female	Thirto	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		9. AGE (In years last birthdoy) 80 yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
10o. USUAL OCCUPATI during most of wo Housewi	rking life, even if retired)	Own home		MCE (Stote or foreign of mberland,			of WHAT COUNTRY
13. FATHER'S NAME Thoma	s E. Ruch			MAIDEN NAME Lie Colt			
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NFORMANT SS Dorotl	ny Manley		inghan Ro	l. Cumb. M
3 Kese	(c)	NS CONTRIBUTING TO DEATH BUT	/ care	moma	of lolus	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
-	RY Month, Doy, Year 20	od. INJURY OCCURRED 20e. PL hile Nat while work of work	ACE OF INJURY (H	lome, form, 20f. (Cit bldg., etc.)	y or town)	(County) (State)
actual SIGNATURE	pat I oftended the dec	olio, and that death	м.р. 122	242A . M, fro	m the causes of street, city or town, e Ste,	ond on the do	aw the deceased of the stated above DATE SIGNET
220. BURIAL, CREMATION REMOVAL (Specify		22c. NAME OF CEMETERY O			ATION (City, town,		(Stote)
23. FUNERAL DIRECTOR	E'S SIGNATURE	ADDRESS nberland, Md.		240. REC'D BY REGIS		ISTRAR'S SIGNATU	

of anominat		LAND STATE DI		
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	Market Co. In temperature and the			
Competition on Security Competition Competition (19)				
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VR A1S (4) 1SM 9/59

1. PLACE OF DEATH a. COUNTY			MARYL	AND	2. USUAL S	RESIDENCI	E (Who	ere decea		d. If inst		Residence b	efore admis	sion)
Allega b CITY OF TOWN (I	ny f outside corporate limi	ite write	c. LENGTH OF STAY II			st V					Vinet			
RURAL ond give ne		ns, wine			c. CITT	OK IOWN	(11.0)	utside corp	porote li	imits, wr	ite KURAI	L and give	nearest tow	n)
Cumber			8 Days	3	Rt. 1	Ric	dge	ley.	Wes	t V	irgir	nia	05	X-
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital, g	give street	address)		d. STREI	ET ADDRE	SS						e. IS RE	FARM?
	rt Hospita	1			Nr.	Rt.	#	28		Ft.	Ash	by		NO X
3. NAME OF DECEASED (Type or print)	Fir		Middle			Last		4. DATE OF DEAT			Month		Day	Year
S. SEX	lartha		lizabeth		Martin			DEAT		ecer	nber	15		1960_
5. SEX	6. COLOR OR RACE	/- MARR	IED NEVER MARRIED		B. DATE OF E	BIRTH			9. AC	GE (In yes		inths Doy	AR IF UND	Min.
Female	White	WIDOWE	land .		9/11	194			6	6	yrs.		110013	Will.
10o. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRT	HPLACE (Stote o	or foreign	country)	1	2. CITIZEN	OF WHAT	OUNTRY?
Housewif			wn home		10-						100	TT	C A	
13, FATHER'S NAME					14. MOTH	rylai		AME				U	S.A.	
IS. WAS DECEASED EVER	T. Simpso		(D)	T	FORMANT	ia A	nn_	Shanl	c Si	mps	on (I	1)		
(Yes, no, or unknown)	If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.											
No.			None	Mr	. Car	1 Ma	rt	in (Chai	nber	rsbu	rg.	Penn	a.
18. CAUSE OF DEA	TH [Enter only one ca	use per lin	e far (a), (b), and (c).]				,						NTERVAL BI	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		in lessons.	111	Acres 14	alos	n	0.				0	NSET AND	DEATH
15/1	DUE TO	///	·	11/	printer	7000	7-6	-0.					- cu	7
Condition		0	notre à		7:								2 1	
Conditions, if or	nmediate		assure le	180	enso								- u	-dh
cause (a), stating t		60		1-	1								11.	18
lying cause lost.) (c	1_200	icomo	7 0	come	cels						- 1	ines	nu
PART II, OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	TH BUT I	NOT RELATED	TO THE T	ERMIN	VAL DISEA	SE CON	NOITION	GIVEN I	N PART 1(a	19. WAS	AUTOPSY RMED?
S S														NO X
	S UNDERLYING	20b. DESC	RIBE HOW INJURY OC	CURRED	. (Enter notu	re of injur	y in P	ort I or Pe	ort II of	item 1B.	.)		-	
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	10.6												
20c. TIME OF INJURY	Y Month, Day, Yes			Oe. PLA	CE OF INJUI	RY (Home,	form,	20f. (Ci	ty or ta	wn)		(Coun	ty)	(Stote)
Hour o. m.	19	While of work	Nat while	idei	ory, sileer, o	ince blug.	, erc.,							
	. (1) (4) 1 1 1 1 1				77 -	/		-	-	2	- 15	/		
	/)	aftend	ed the deceased f				196	7					that (I) (
saw the deceas	ed alive an		19 10, and t	hat de	eath accui	red at	20	M, fran	n the	causes	and a	n the do	te stated	abave.
220. SIGNATURE	1 / 1				ATTEN	NING							22	b. DATE
1	, 18m	80	7544	N	A.D. PHYS.	THE P	DIR	ECTOR [] PH	YS.			11-	16-0
22c. PHYSICIAN'S NAME (Type)	Am a a	20	211116	V 11	22d. AD	DRESS								
Name (17)pe/	EWIS	BX	11/45		5	7_Gre	en	e_St	•					
23a. BURIAL, CREMATIO	N, 23b. DATE THEREC	F	23c. NAME OF CEMET	ERY OR	CREMATOR	Y		23d. LOC.	ATION	(City, to	wn, or co	unty)	(Sto	e)
Burial (Specify)	12/18/	ó0	Mt. Zion	Cer	meter	У		Nr.	Sho	ort	Gap	. W.	Va.	4
24. FUNERAL DIRECTOR'S			ADDRESS				REC'D	BY REGI		_		R'S SIGNA		
Charles	L. Geor	qe	Cumberlan	d.	Md.			17.		200.		0.0.11		
		-		•		DATE	DEC	201	0.	1	7 7	9 1	444	

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		danier official	

VR A1S (4) 1SM 9/59

1. PLACE OF DEATH a. COUNTY	411aaan		MARYLAI		USUAL RESIDENCE	E (Where de		ived. If institut		ence befor	
b CITY OR TOWN	Allegan	7	c. LENGTH OF STAY IN	16	c. CITY OR TOWN	0	-	a limite write f		0	
RURAL ond give			9/28/60	<		nberl	-			g	
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, g			7277	d. STREET ADDRE		a 01	treet			e. IS RESIDENCE ON A FARM? YES NO X
3 NAME OF			3	T-All		4. D.					
3. NAME OF DECEASED (Type or print)	Louise		Maggie	Mo	Cormick	0	F	Decemb		27	y Year 19 60
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. D	ATE OF BIRTH		9.	AGE (In years lost birthday)	IF UNDE	-	IF UNDER 24 HRS
Female	White	WIDOWE	DIVORCED [5/24/18	81		79 yrs.		Days	Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b. I	CIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (State or fare	eign cour	ntry)	12.CI	TIZEN OF	WHATCOUNTRY
Housewill	orking life, even if retired	Or	wnhome		Newbur	or Was	t 17	ingin	10	II. S	Ι. Λ.
13. FATHER'S NAME				1.	. MOTHER'S MAIL		S V	5	Loui	V • N	
	August Ho	mahl.	A71		Agnes	Mit	hal	1			
1s. WAS DECEASED E	VER IN U. S. ARMED FOR			17. INFOR	MANT P.O.				dress C. 1 Tr	mber	land Mo
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	None		legany						
18. CAUSE OF D	EATH [Enter only one co	use per lip	e for (o), (b), ond (c).]		1	1 6	9		from	INTE	RVAL SETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Chr	once to	400	ardea	e d	24	uer	atre	77	EL AND DEATH
Conditions, if	DUE TO		rebrak	5	crter	ios	de	rose	io,		?
gove rise to couse (o), statin lying cause los	g the under- DUE TO		Diabete	0	mell	lete	ro	,			?
PART II. O	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE	TERMINAL D	ISEASE C	CONDITION GI	VEN IN PA	RT 1(a) 1	9. WAS AUTOPSY PERFORMED?
PART II. O		1/	uperfec	w	on						YES NO
OR CONTRIBUTION	VAS UNDERLYING AG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	KIBE HOW INJURY OCCI	URRED. (E	nter nature of inju	ry in Part I	or Part II	of item 18.)			
Y 20c. TIME OF INJU	10	While	UURY OCCURRED 20 Not while at work		OF INJURY (Hame , street, office bldg		. (City o	r town)		(County)	(State
	nat (I) (this haspita ased plive an 12	1 1			/28/60 R & Murred at	., 12 ,	.ta 1 from th	2/27/ ne causes a	60, 19 nd an th	he date	at (I) (we) las
22o. SIGNATURE	Janens	3.	where -	M.D.	ATTENDING K	MED. DIRECTO	or X	STAFF PHYS.		12	2/28/60 2/28/60
22c. PHYSICIAN'S NAME (Type	Dr. Jame	s E.	McLean		22d. ADDRESS			t., C	umbe	rlar	nd, Md.
23a. BURIAL, CREMAT REMOVAL (Specie Burial	12-30-6		23c. NAME OF CEMETE Hillcre			ark 23d.		on (City. town, nberla			(State)
James F.	Scarpell:	i Cun	nberland, M	ld.	25a.	REC'D BY	REGISTRA		ISTRAR'S S		

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	brafes put	06\AS\#	Analysed	
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moy be retained by the haspital at attending physicion. O FUNERAL DECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 per illed with the State Board of Health priar to burial, cremation, or removal, and in any everymenting 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

moy be retaine

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

13327 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe	re deceased lived. If institutio	on: Residence before	e admission)
Allegany	MARYLAND	Marylan	d b. COUNTY	Alæegany	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LaVale	ENGTH OF STAY IN 16	LaVale	tside corporote limits, write RL	JRAL and give near	rest town)
d. NAME OF HOSPITAL (If not in haspital, give street addre OR INSTITUTION	ss)	d. STREET ADDRESS			ON A FARM?
523 Maryland Ave.		523 Marvl	and Ave.		YES NO V
3. NAME OF First	Middle		4. DATE Mont	th Day	Yeor
(Type or print) MAF		ONALD	OF DEATH Dec.	10.	19 60
7 65 7 65		. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	
Female White WIDOWED		arch 29,1878	lost birthdoy) 82 yrs.	Manths Doys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND	<u> </u>			12. CITIZEN OF	WHAT COUNTRY?
during most of warking life, even if retired)	Oen Home			USA	
13. FATHER'S NAME	Oan Home	West Virg		OUA	
Unknown		The last on the			
	AL SECURITY NO. 17. INF	Unknown	Addr	ess	
(Yes, no, ar unknown) (If yes, give war or dates of service)		TT 30 A			
No Non		. Harry May,	LaVale, Md.	LINITE	RVAL BETWEEN
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED 8Y:				ONSI	ET AND DEATH
IMMEDIATE CAUSE (a) ACUL	e coronary	occlusion		M	inutes
DUE TO					
Conditions, if ony, which (b) Arte	riosclerot	ic cardiova	scular dise	ase Y	ears
cause (o), stating the under-				O CHANGE	
lying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1(o) 15	PERFORMED?
[VA					YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED.	. (Enter noture of injury in Po	ort I or Part II of item 18.)		
	£A	CE OF INJURY (Home, form, ary, street, affice bldg., etc.)	20f. (City or town)	(County)	(State)
Haur a.m. p. m. 19 While at work	Nat while of wark	ary, street, affice blag., etc.)			
21. 1 certify that (1) (this haspital) attended t	he deceased from	9-17- 10	5310 12-10	0-10 60 th	at (I) (we) last
			M, fram the causes an		
220. SIGNATURE	- I dila inai de	edin decorred di	A, Irain the causes and	a an me aare	22h DATE
Dille lun 1	26	ATTENDING MEI	STAFF PHYS.	12.	-12-60
22c. PHYSICIAN'S	720		ginia Avenue	0	22.00
G. Overton Himmelwria	ht. MD		and. Marylar		
	NAME OF CEMETERY OR		23d. LOCATION (City, town, o		(State)
REMOVAL (Specify) Dog 13 1060			Maysville, W		(01010)
Burial Dec 1),1900	Maysville Cen	netery 25g PFC'D		STRAR'S SIGNATUR	RE
70	and, Md.	DATEC		us S. Firaux	
- Composition		DALLEY			

VR A15 (4) 1SM 9/59 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13970	KIIFICAIE	OF DEATH			
1. PLACE OF DEATH G. COUNTY ALLEGANY CUMBER L		USUAL RESIDENCE (WHO	ere deceased lived. If in b. CO	nstitution: Residence before UNTALLEGANY	ore admission)
RURAL and give negrest town)	OF STAY IN 16	CUMBERLAN	utside corporate limits, v ND, MARYLAN		arest town)
d. NAME OF HOSPITAL (I not no sepilot aive street address) MEMORIAL & WARWICK AVE.		705 GEPHA	ART DRIVE		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) JOHN	MICHAEL !	MC FARLANE	4. DATE OF DEATH	Manth DECEMBER 1	19 60
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER WHITE WIDOWED D		JUNE 9, 1946	9. AGE (In last birth		R IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired) None (Student) None			ar foreign country) AND, MARYLA		F WHAT COUNTRY
13. FATHER'S NAME DAVID MC FARLANE	1	4. MOTHER'S MAIDEN N HELEN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war ar dates of service) None None	RITY NO. 17. INFOR	MORIAL HOSPI	ITAL, CUMBE	RLAND, MARY	LAND
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate	and (c).) He win Dr	of her	ene c		TERVAL BETWEEN ISET AND DEATH WEELE
couse (o), stoting the under. DUE TO Lying couse last. (c)	TO DEATH BUT NO	T RELATED TO THE TERMI	nal disease conditio	ON GIVEN IN PART 1(0)	19. WAS AUTOPS' PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED. (E	Enter nature of injury in F	Port I or Part II of item 1	8.)	YES NO X
Zoc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCUR Hour o. m. p. m. 19 of work at work	le factory	OF INJURY (Home, farm, street, office bldg., etc.		(County) (State
	eased from 1	th occurred att: 48	R. Moon the couse		hot (I) (we) los e stoted obove
22a, SIGNATURE 22c, PONSICIAN'S 22c, PONSICIAN'S	M.D.	ATTENDING ME PHYS. 22d. ADDRESS	ED. STAFF PHYS.	12/2	22b. DATE SIGNE
NAME (Type) DR. BLAINE SCHINDLER		43 Green		mberland,	Md.
Burial 12/4/60 Rose		emetery	Cumber 1	and, Mary	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRES Charles L. George Cumberla		250. REC'I		REGISTRAR'S SIGNATU	

	The did no st	TROUTING TO THE TOTAL THE TROUTING THE TROUT							
A)	(FACTOR)	A-COMPANY		Y					
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VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	LACE OF DEATH	egany		MAI	RYLAND	o. STATE	DENCE (WH	ere deceosed	lived. If instituti b. COUNTY		ganj		ion)
	CITY OR TOWN (IF RURAL and give new		its, write	c. LENGTH OF STA	Y IN 16	c. CITY OR		utside corpo	rote limits, write R	URAL ond	give nec	arest town	n)
	d. NAME OF HOSPITA OR INSTITUTION 20	Fairview	give street	oddress)		d. STREET A	DDRESS Fair	riew					IDENCE FARM?
	NAME OF DECEASED (Type or print)	Mary	rst	Catherine		McGreev		4. DATE OF DEATH	Dec.		12	,	Year 19 60
S. S	Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MAR		8. DATE OF BIRT			9. AGE (In years lost birthday) 60 yrs.	Months Months	Doys	Hours Hours	R 24 HRS. Min.
1	USUAL OCCUPATIO during most of work Paper cutte FATHER'S NAME	no life even if retired	3)	kind of Business aper Mill	OR INDU		land		ountry)		S.A.	WHATC	OUNTRY?
_	Thomas Gorn	-			- I		Mull	en					
	WAS DECEASED EVER	f yes, give war or dates of	service)	17-05-067		rancis M	lcGree	vv–Lul	Add	iress			
		TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (M	ne for (0), (b), and (Carc	· non	700				ERVAL BE	DEATH
	Conditions, if an gove rise to in couse (o), stoting t lying couse lost.	he <u>under-</u> DUE TO	Ca	KC Inom a	0	F Sig	moi	ل ر	Calon			?	
FICATION	PART II. OTH	ER SIGNIFICANT CO		CONTRIBUTING TO D	EATH BUT	NOT RELATED TO) THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(o) 1	9. WAS PERFO	RMED?
CERT	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature o	of injury in I	Port I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	20d. II While of wor	NJURY OCCURRED Not while t of work		ACE OF INJURY office			or town)		(County)		(Stote)
	//	(1) (this haspitaled alive and C	11				d al A	-	the causes ar			stated	
230	BURIAL, CREMATION REMOVAL (Specify)		OF	23c. NAME OF CE			odn	23d. LOCA	TION (City, town,	or county)	<u></u>	(Stot	-
-	FUNERAL DIRECTOR'S	12/14/60 SSIGNATURE		ADDRESS Western		ey Garde		D BY REGIST		ISTRAR'S S			e.,

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		and the second		
			S. Charles	
		The Spiller	N amelicus	
		9	route lack	

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ndmoraple ely filled in by the

TO FUNERAL DITACLOR: After this certificate has been signed by the attending physician and menuple left filler page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers Pages the State Board at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

within 24 haurs after death. Page 4

DEACE OF DEATH	Allegany		MARYLANI	- 1	o. STATE Ma:		ere deceas Land	ed lived. If insti b. COUN	AMERICA.	idence befo Llega		ion)
b. CITY OR TOWN (RURAL and give n	If outside carporate limit	s, write c. L	ENGTH OF STAY IN 1	ь	c. CITY OR TOW	N (If or	utside corp	orate limits, writ	e RURAL o	and give ne	arest tawn)
Cumber			6/8/57	K	R.F.D.,	Rt	3,	Keyser	, W.	. Va.		
d. NAME OF HOSPI	TAL (If not in hospitol, g	ve street oddre	ss)		d. STREET ADDRE						e. IS RES	FARM?
	Allegany (county	Infirmat	c A	R.F.D.,	Rt	3,	Keyser	, W	Va.	YES 🗌	NO 🔼
3. NAME OF DECEASED (Type or print)	Maud		Middle H •		Mooso		4. DATE OF DEATH		Manth	8	5	19 60
5. SEX Female	1.110-1-0	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9	/30/188	2		9. AGE (In yellost birthdo		hs Days	Haurs	R 24 HRS. Min.
10a. USUAL OCCUPATION	ON (Give kind of work of	lane 10b. KIND	OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE	(State	or fareign	cauntry)	12.	CITIZENO	FWHATC	OUNTRY?
Housewi	king life, even if retired)				Midla	nd,	Mar	yland	T	J. S.	. A.	
13. FATHER'S NAME				1	4. MOTHER'S MAI	DEN N	IAME					
	William I	. Han	SeT	34	Fann	y E	Barns	ird				
	R IN U. S. ARMED FOR		AL SECURITY NO. 17	. INFO	RMANTP . O .	Вох	599	, '	Addres C 1	mber	land	Md.
	(iii you, give was or dates of se	,	I I	111	egany C	our	nty]	Infirma	ry F	Recor	ds	
PART I. DEA 422 Canditions, if a gave rise to i	mmediate Due TO	6	hroni	74	ry H	11	pro	dite	, 2 		SET AND	
lying cause last.	the <u>under-</u> (c)		ecelro	l	ark	n	100	och	ose	2	2	
САТІС	HER SIGNIFICANT CON	ecci	LE DEATH	LI	CULO THE	22	at dise	SE CONDITION	GIVEN IN	PARI I(a)		RMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OCCU	RRED. (Enter nature af inju	ery in F	Part I ar Pa	art II of item 18.				
W 20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Day, Yea	While	OCCURRED 20e. Not while of work		OF INJURY (Hame y, street, affice bldg			ty ar town)		(County)		(State)
saw the decea	ot (I) (this hospitol sed alive on 12,	1-11-			8/57	19.	, .to _M, fran	12/8/6 the couses		9, th	,,,	
220. SIGNATURE	uces	6 7	Lear	(M.D		ME	ED. RECTOR	STAFF M	8	12	2/8/	60 DATE
22c. PHYSICIAN'S NAME (Type)	Dr. Jame	s E. M	cLean		49 Gr	eer	ne St	t., Cum	nber.	land,	, Md	•
BUNG (Specify	12/10/6	F 230	NAME OF CEMETER	YORG	reley	-	news)	Concer	reson	alles	(State	- M9
24-FUNERAL DIRECTOR	's signature /	rest	empo	t	Mc 250	DE	EC 1 2	STRAR 256. R	EGISTRAR'	s signate	IRE UNA	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	4.9		201	43
1	3	2	6	12

1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased I	ived. If institution b. COUNTY		efore admission) LEGANY
RURAL and give negrest town)	oth of stay in 16 O years	c. CITY OR TOWN	(If outside corporol	te limits, write RU	JRAL and give	nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION SACRED HEART HOSPITAL		d. STREET ADDRES		VIC ST.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) BERTHA	Middle	MIT CHELL	4. DATE OF DEATH	Mont DECE	MBER	Day Year 13 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED XX	DIVORCED	B. DATE OF BIRTH SEPT. 15,		AGE (In years last birthday) 75 yrs.	Months Day	AR IF UNDER 24 HRS. rs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) HOUSEWIFE Own		MARYI	AND	ntry)	US.	OF WHAT COUNTRY?
WALTER C. DARROW (DECEASET		14. MOTHER'S MAIDE		ECEASED)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) NON		ATIENTS CHA	RT SACRE	Addr D HEART		
18. CAUSE OF DEATH [Enter only one couse per line for (o PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate couse (a), stating the <u>under-lying cause lost.</u> (c)		Seclusion				NTERVAL BETWEEN NSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OACONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIV	EN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
	OW MUJURY OCCURRE	D. (Enter nature of injur	y in Port I or Port I	l of item 18.)		
		ACE OF INJURY (Home, ctory, street, office bldg.		r town)	(Соил	oty) (Stote)
220. SIGNATURE 220. PHYSICIAN'S NAME TEO H. LEY, JR., M.D.	Oles, and that o	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	d on the do	that (I) (we) last ote stated obove. 22b. DATE, SIGNED 7, 4/C. ERLAND, MD.
Burial Dec.16,1960 Ros	NAME OF CEMETERY O SE Hill Cen	netery		berland		(State)
Byron Kight Cumberlan			DEC 2 0 '60	200,	Lug S. Kra	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIFFICE. After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2, the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY Allegany MARYLAND ARYLAND Allegany MARYLAND Allegany MARYLAND Allegany Maryland C. LENGTH OF STAY IN 1b RURAL and give necrest lown) Allegany C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest lown)	ny
RURAL and give neorest town)	
	IS DESIDENCE
Cumberland 5/3/58 Cumberland	IC DECIDENCE
OR INSTITUTION	ON A FARM?
Allegany County Infirmary 412 Park Street	YES NO NO
3. NAME OF DECEASED (Type or print) Rachael Pleasant Moreland (Type or print) (T	Yeor 60
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lest birthday) Months Days	
Female White WIDOWED 1 DIVORCED 9/9/1874 86 yrs. Months Doys	Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12.CITIZEN OF during most of working life, even if retired)	WHAT COUNTRY?
Housewife Hyndman, Pennsylvania U.	S. A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
William E. Mason Laura L. Dunlap	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT P.O. BOX 599 Address Cumber	land, Md
(Yes, no, or unknown) (If yes, give war or dotes of service) Norl Allegany County Infirmary recor	ds
ONS	RVAL BETWEEN
PART DEATH WAS CALISED BY.	6 mos
Had DUE TO DUE TO	>
Conditions, if ony, which) (b) Celrebral Majerios Chosis	,
gave rise to immediate couse (a), stoting the under-	>
lying couse lost. (c) Monic Mypearleal Digliculation	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 15	PERFORMED?
3 Sevill Asyctosis.	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 15 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Doy, Year Haur a. m. 19 While Not while at wark of twark	(State)
21. I certify that (I) (this haspital) attended the deceased from 5/3/58 19 to 12/26/60, 19 the saw the deceased alive an 12/26/6019 and that death occurred at M, from the causes and an the date	
220. SIGNATURE	22b. DATE
Taccees 6 There M.D. ATTENDING MED. DIRECTOR X PHYS. X 12	/27/60
22c. PHYSICIAN'S 22d. ADDRESS	
NAME (Type) Dr. James E. McLean 49 Greene St., Cumberland	, Md.
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) BENOVAL (Specify) Lee Z8, 1960 Hillarest Purial Parls Completion	(Stote) Zwel
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATUR	
Joan of Hager Cumberland med DATE THE DE ONTENDE &	***

uneral director, d be filed with may be retained by the haspital ar attending physician.

5 FUNERAL DIT CTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. They alease remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremotion, or remavol, and in any event, within 72 hours offer death. may be retained TO FUNERAL DIT VR A1S (4) 1SM 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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tasy IIa				Allogany	
			5/3/58		
	Sanda Seel		unty Indiana		
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B . II	savitennas,	maching III		sili	eguell .
	daland .i	anai a.C.Talana	THE BARME	A delille	
of recents					
(S) (a.e., page 12.00)					
15/27/10			A 1993 46	4 10 20 000	
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or removal.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		3323							Reg.	Dist. No	0.	
1, !	LACE OF DEATH					2. USUAL RESIDEN	CE (Where deced			dence be	fore adm	ission)
•	S. COUNTY	Allegany		MARYL	AND	o. STATE Ma	arvland	b. COUNT	Y	Alle	gany	
ь		f autside corporate limits, write	RURAL	c. LENGTH OF STAY IN	d l b	c. CITY OR TOW	VN (If outside cor	porote limits, write			_	
	Flintstor			30 Years		XF	lintston	e				
d	I. NAME OF HOSPI	TAL OR INSTITUTION (IF	not in h	ospital, give street oddress		d. STREET ADDR	ESS				ON	A FARM
	NAME OF DECEASED	First		Middle		Lost	4. DATE	Mont	h	Day	١	fear
	(Type or print)	Ernest		Cleveland	1	Millenax	DEATH	December	•	2	1	960
5. S	EX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE			ER 24 HR
	Male	White	WIDOW	ED DIVORCED] J:	anuary 21	. 1887	73 yrs.	Months	Days	Hours	Min.
10a	USUAL OCCUPATI	ON (Give kind of work d	one 10b.	KIND OF BUSINESS OR IN	NOUSTR	Y 11. BIRTHPLACE	State ar foreign	country)	12. CI	TIZEN O	F WHAT	COUNTR
0	Retired						Virgini			U.	S. A	200
13.	FATHER'S NAME					14. MOTHER'S MAIL						
		Edward Muli	anav		-	Mam	r Elizah	eth Moury	7			
15.	WAS DECEASED EY	ER IN U. S. ARMED FOR	CES? 16	S. SOCIAL SECURITY NO.	17. IN	FORMANT	HILLAGO	Address				
(Yes	No. or unknown)	(If yes, give war or dates of so		219-11-6306	Man	Herber	t Ach	Flintsto		Marri	7	
		ATH [Enter only one caus				TIET DEL	L ASII	FIIILSUC	me,	INTE	land	EEN
		TH WAS CAUSED BY			- 0-	almed an				-	ET AND DE	
	LLAR	IMMEDIATE CAUSE (o)		Coronar	y oc	clusion				1	Sudde	311
	Tolo	DUE TO										
	Conditions, if a	diote couse		Coron	ary	Sclerosis	3					
8	(o), stating the	underlying DUE TO										
7	couse lost.) (c)_	ITIONIS C	CONTRIBUTING TO DEATH	DIST NI	OF RELATED TO THE	TERMINIAL DICEAS	E CONDITION ON	/ENI INI DA	DT 1(-)	24/44 01	ALITORCY
CERTIFICATION	PARI II. OI	HER SIGNIFICANT COND	IIIONS	CONTRIBUTING TO DEATH	BUING	DI RELATED TO THE	TERMINALDISEA	SE CONDITION GIV	EN IN PA	KI I(G)		NO 🔀
RTIFE	20g. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH	USE WAS 20E	. DESCRI	BE HOW INJURY OCCUR	ED. (En	ter noture of injury i	in Part I or Part I	of item 18.)	1116		9,11	
											11/2	
MEDICAL	20c. TIME OF INJU	IRY Month, Day, Year	20d. Whi		PLAC factor	E OF INJURY (Home y, street, office bldg	, form. 20f. (Cit	y or town)	(C	ounty)		(Stote)
ME	p. m.	19		vork ot work					2			
	21. I certify t	hat I taok charge	of the	remains described	abav	e, held an Au	tapsy 🔲,	nspection 🔼	(nqu	iry 🔀	, and	find th
	death resulted	from: Natural o	auses	Accident],	Suic	ide 🔲, Hami	icide [], U	ndetermined of	cause [].		
		1	10	0	,	77 10:05						
	ACTUAL SIGNATURE	Lene de	ct	Skitareli	(0	M D CHIEF MEDIC	AL EXAMINER				DATE	SIGNED
	SIGITORIE A						MEDICAL EXAMIN	ER 🔲				
	EXAMINER'S NAME (Type)	Benedict Sk	itar	elic, M.D.		DEPUTY MED	ICAL EXAMINER	Decem	ber 2	2, 1	960	
220	BURIAL CREMATIO	ON. 22b. DATE THEREOI		22c. NAME OF CEMETER	RY OR C	REMATORY	22d. LOC/	ATION (City, town,	ar county)		(Sto	le)
	REMOVAL (Specify Burial	12/5/60		Glendale	Cem	eterv	हार	ntstone.	Marv	land		
23.	FUNERAL DIRECTO		15.79	ADDRESS			REC'D BY REGIS		STRAR'S S	IGNATU	RE	
	Ruth E. S	ilcox C	umbe	rland Mar	vla	nd law	DEC 6	60 0	11 .	0 4		

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1327 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	PLACE OF DEATH o. COUNTY Allega	env		MARY	LAND	a. STATE		-	b. C	instituti OUNTY		nce befo	re admissi	ian)
C	b. CITY OR TOWN (IF RURAL and give new umber land	autside carporate limi	ts, write	60yrs	IN 1b		nberl		porate limits	write R	URAL and	give nec	rest town)
	d. NAME OF HOSPITA	7 7 7	ive stree	address)		d. STREE	T ADDRESS	land	Ave.		1			FARM?
3.	523 Mal	Fir		Middle			Last	4. DATI		Man	-	Do		Year
	(Type ar print)	Nora	,	01	2000	nell	6	DEAT	270		2I			19 01
S.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	ED 🔲	B. DATE OF E	IRTH		9. AGE (n years thday)	Months	R 1 YEAR Days	Hours	Min.
	F	W	WIDOW	VED TO DIVORCE		Feb.	7,	1874	86	yrs.		5075	110013	741111.
100	during most of working Housewife	ing life, even if retired)	. KIND OF BUSINESS C Wenhome	OR INDUS		HPLACE (SHO					SA	WHATC	OUNTRY
13.	FATHER'S NAME						ER'S MAIDEN		J. W.	196		7.33		
	Fic	dward Dev	rine				Marga	ret (Coste.	110				
				. SOCIAL SECURITY NO	. 17. IN	FORMANT			10.4	Add	ress			7.14
(Ye	no, or unknown) (I	f yes, give war ar dates of s	ervice)	none	Ma	rgare	t Wea	kland	l, Cum	ber.	land	, Mc	1 -	
			use per	ine for (a), (b), and (c).]	1						ONS	ERVAL BE	DEATH
	PARI I. DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (c		meety	226	enco	رما					-		
9	450	DUE TO												
	Canditions, if an)				51.5						0-	
	gave rise to in cause (a), stating t													
	lying cause last.) (0)											
ATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATE	TO THETER	RMINAL DISE	ASE CONDIT	ION GIV	EN IN PA	RT 1(a) 1	PERFO	AUTOPS)
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DE	SCRIBE HOW INJURY O	CCURRE	D. (Enter natu	re of injury i	in Part I ar I	Part II of iter	n 1B.)				
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Month, Day, Ye	While	INJURY OCCURRED Not while ork at work		ACE OF INJU ctory, street, o			City or town)			(County)		(State
	21. I certify that	,) atten	ded the deceased		/	P	30 fro	m the cau	ses ar			at (I) (
	220. SIGNATURE	· 26.	Les	W.		M.D. PHYS.	100	MED. DIRECTOR	STAFF					b. DATE
	22c. PHYSICIAN'S NAME (Type)	eo H. Le	у, :	Jr. M.D.		22d. AI 456	DORESS		e St.		mber	lan	d, M	id.
230	BURIAL, CREMATION REMOVAL (Specify)	12-23-1		23c. NAME OF CEM St. Pati					mberl				(Stat	e)
24.	FUNERAL DIRECTOR'S			ADDRESS			2Sa. RE	EG PAY BEG	USTRAR 2		STRAR'S S			- 137
	James F.	Scarpell	i, (Cumberland	i, N	ld.	DATE	material in (00	u	Lithur _	E. The	HA.	

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00277				\$ \$ \$ 6 L	
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or removal.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13330

	1	3	2	6	9	
o Dist No.						

D. CITY OR TOWN III consider comprosite limins, write RURAL and give nearest town) Old town Rd. * Near Cumberland 4.5 Yrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) J. NAME OF CLUB PRICES OLD TOWN III control (Give street eddress) J. NAME OF CLUB PRICES OLD TOWN III control (Give street eddress) J. NAME OF CLUB PRICES OLD TOWN III control (Give street eddress) J. NAME OF CLUB PRICES OLD TOWN III control (Give street eddress) J. NAME OF CLUB PRICES OLD TOWN III control (Give street eddress) J. NAME OF CLUB PRICES OLD TOWN III control (Give street eddress) J. NAME OF CLUB PRICES OLD TOWN III control (Give street eddress) J. NAME OF CLUB PRICES OLD TOWN III control (Give street eddress) J. NAME OF CLUB PRICES OLD TOWN III control (Give street eddress) J. NAME OF CLUB PRICES OWN HOME III SERTHPLACE (Stote or foreign country) IVE CUMBERT AND ALLE OF CREET III SERTHPLACE (Stote or foreign country) IVE CUMBERT AND ALLE OF CREET III SERTHPLACE (Stote or foreign country) IVE CUMBERT AND ALLE OF CREET III SERTHPLACE (Stote or foreign country) IVE CUMBERT AND ALLE OF CREET IVE CORNARY OCCLUSION INCLUSION IN PART I CONTRIBUTION IN PART I CONTRIBUTION IN PART I CONTRIBUTION I COUNTRY OWN DOTE OF CONTRIBUTION I COUNTRY OWN IN PART II. DEATH WAS CAUSED BY. MINEDIATE CAUSE OF CALL SECURITY NO. IVE CORNARY OCCLUSION DUE TO CONTRIBUTION IN PART I CONTRIBUTION I COUNTRY OWN IN COUNTRY OCCURRED OWN IN COUNTRY OF COUNTRIBUTION I PART I COUNTRY OWN IN OUT OWN III of item III.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION I COUNTRY OWN IN OUT OF COUNTRY OF COUNTRIBUTION I PART I COUNTRY OWN IN OUT OF COUNTRY OF CONTRIBUTION I PART I COUNTRY OWN IN OUT OF COUNTRY OF CONTRIBUTION I PART I COUNTRY OWN IN OUT OF COUNTRY OUT OF COUNTRY IN OUT	1	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deced	med lived. If institu	ution: Residen	ce before ad	mission)
December Standard December Standard December Standard December	Ų	. COUNTY Alle	gany		MARY	LAND	o. STATE Maryl	and	b. COUNT	Alleg	anv	
Chitown Rd. * Near Cumberland 45 Yrs d. STREET ADDRESS d. STRE	1	b. CITY OR TOWN HE	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (I	f outside co	rporate limits, write			lown)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Old town RCad 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Old town RCad 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Old town RCad 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Old town RCad 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Old town RCad 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Old town RCad 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) OVY OSTER OSTER	1			umberl	and 45 Yr	S	O Cumberla	nd (Oldtown R	load)	-37.00	
ORATION RCAD ORATION OF First Middle Last 4. DATE Mannh Day Year (Type or print) S. SEX 6. COLOR OR RACE 7. MARBEED 3. NEVER MARRIED 1. DATE OF BIRTH December 28. 19 6.0 S. SEX 6. COLOR OR RACE 7. MARBEED 3. NEVER MARRIED 1. DATE OF BIRTH DECEMBER 2. 8. 19 6.0 DOUGLED 1. DATE OF BIRTH DECEMBER 2. 8. 19 6.0 DOUGLED 1. DATE OF BIRTH DECEMBER 2. 8. 19 6.0 DOUGLED 1. DATE OF BIRTH DECEMBER 2. 8. 19 6.0 DOUGLED 1. DATE OF BIRTH DECEMBER 2. 8. 19 6.0 DOUGLED 1. DATE OF BIRTH DECEMBER 2. 8. 19 6.0 DOUGLED 1. DATE OF BIRTH DECEMBER 2. 8. 19 6.0 DOUGLED 1. DATE OF BIRTH DECEMBER 2. 8. 19 6.0 DOWN HOME OWN HOUSE VILLE 1. BRITHALE (Sinte or foreign country) 12 CITIZEN OF WHAT COUNTRY during paid of working plin, even if retired) OWN home OWN Home Cumber Land Valley, Penna USA 13. FATHER'S MANE HENTY BOOT 15. WAS DECEAUSED 1. DECEMBER 2. DECEMBER 3. SOCIAL SECURITY NO. 17. INFORMATE SANDEN NAME ELIMITA BLAIT 15. WAS DECEAUSED 1. DECEMBER 2. DECEMBER 3. SOCIAL SECURITY NO. 17. INFORMATE SANDEN NAME ELIMITA BLAIT 16. LASE OF DEATH Elever only one course per line for (e), (b), ond (e). PART I. DEATH WAS CAUSED 1. DECEMBER 3. DECEMB	ſ	d. NAME OF HOSPITA	L OR INSTITUTION (If not in ho	spital, give street address)						
SEX		Oldtown	Road									
S. SEX SEX G. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH P. DATE SIGNITO P.			Fir	st	Middle		Last	4. DATE	Mont	h	Day	Year
Termale		(Type or print)	ANNA		LEONORA		OSTER					
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13. FATHER'S NAME 15. WAS DECEASED TO STAND PROCESS? 16. SOCIAL SECURITY NO. 17. INFORMATION BLAIR 15. WAS DECEASED TO STAND PROCESS? 16. SOCIAL SECURITY NO. 17. INFORMATION BLAIR NO 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY. OUR TO CORONARY OCCLUSION DUE TO CORONARY SCIEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES DOE TO THE PRIMARY OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 2. 20. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 2. 20. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection 2. Inquiry 2. and find that death resulted from: Natural causes 2. Accident , Suicide , Hamicide , Undetermined cause . 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection 2. Inquiry 2. and find that death resulted from: Natural causes 2. Accident , Suicide , Hamicide , Undetermined cause . 22. CHIEF MEDICAL EXAMINER DECEMBER SIGNATURE 22. BUBBAL CREMATION, 1275. DATE THEREOF 12. NAME OF CEMETERY OR CREMATORY 12. AREC'D BY REGISTRAY SIGNATURE 12. ADDRESS 1	1	Female	White						1 / 1	Woulds D	lays Hours	Min.
13. FATHER'S NAME 15. WAS DECEASED TO STAND PLANE TO THE PROPERTY BOOT 15. WAS DECEASED TO THE PROPERTY BOOT 16. SOCIAL SECURITY NO. 17. INFORMATION BLAIF NO WAS DECEASED TO DEATH [Enter only one course per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY. OUR TO CORONARY OCCLUSION DUE TO CORONARY SCIEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES NO TO DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part 1 or Part II of item 18.] 20. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DO WORK IN WOR		100. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR I	NDUST	Y 11. BIRTHPLACE (State	or foreign	country)	12. CITIZ	EN OF WHA	T COUNTRY?
13. FATHER'S NAME HENTY BOOT 15. WAS DECLASED FORCES? 16. SOCIAL SECURITY NO. NO 17. INFORMATION NAME Elmira Blair 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY. CORONARY OCCURS ION DUE TO Conditions, if only, which gove rise to Immediate cause (c), storing the underlying (cc.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO EXTERNAL CAUSE WAS PERMARY OF CONTRIBUTING CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS WAS DECLASED BY. CORONARY OCCURS ION 18. HATTY Raines, Palto, Pike, Chumb, Md. SUDDEN CORONARY SCIEROSIS CORONARY SCIEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO EXTERNAL CAUSE WAS PERMARY OF CONTRIBUTING COURS ION. 20. EXTERNAL CAUSE WAS WAS DECLASED BY. 20. EXTERNAL CAUSE WAS WAS AUTOPSY YES NO EXTERNAL CAUSE WAS WAS AUTOPSY YES NO EXTERNAL CAUSE WAS PERFORMED? YES NO EXTERNAL CAUSE WAS WAS AUTOPSY YES NO EXTERNAL CAUSE WAS PERFORMED. 20. EXTERNAL CAUSE WAS WAS AUTOPSY YES NOT THE TERMINAL DIFFERENCE WAS AUTOPSY YES NOT THE TERMINAL CAUSE WAS PERFORMED. 20. EXTERNAL CAUSE WAS WAS AUTOPSY YES NOT THE TERMINAL CAUSE WAS PERFORMED. 20. EXTERNAL CAUSE WAS WAS AUTOPSY YES NOT THE TERMINAL CAUSE WAS PERFORMED. 20. EXTERNAL CAUSE WAS WAS AUTOPSY YES NOT THE TERMINAL CAUSE WAS PERFORMED. 20. EXTERNAL CAUSE WAS WAS AUTOPSY YES NOT THE TERMINAL CAUSE WAS PERFORMED. 20. EXTERNAL CAUSE WAS WAS AUTOPSY YES NOT THE TERMINAL CAUSE WAS PERFORMED. 20. EXTERNAL CAUSE WAS WAS AUTOPSY YES NOT THE	1	Housewa	fe		own home		Cumberlan	d Val	ley. Penn	a	USA	
15. WAS DECEASED BY: (Tree, no. 8 unintermal strained is service) None None	-											
NO NONE Mrs. Harry Raines, Balto. Pike, Chimb. Md. None Mrs. Harry Raines, Balto. Pike, Chimb. Md.	1	He	enry Boor			W.	Elmi	ra Bla	air			
NO NONE Mrs. Harry Raines, Balto. Pike, Chimb. Md. None Mrs. Harry Raines, Balto. Pike, Chimb. Md.	ŀ	15. WAS DECEMBED A	THE PROPERTY TO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMARIO		XXX Address			
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PERFORMED? YES NO YES		_			ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	INALDISEA	SE CONDITION GIV	VEN IN PART	1(a) 19. WAS	AUTOPSY
20c. TIME OF INJURY Month, Day, Year Hour a, m. 19 While of work of wo		ATIO				175					PERF	ORMED?
20c. TIME OF INJURY Month, Day, Year Hour a, m. 19 While of work of wo		20g. EXTERNAL CAU	SE WAS 20	b. DESCRIB	E HOW INJURY OCCUR	RED. (Er	nler nature of injury in Por	rt I or Porl I	I of item 18.1		1.20	110 [2].
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause ACTUAL SIGNATURE		PRIMARY OF OF CONCAUSE OF DEATH.	TRIBUTING									
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21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause ACTUAL SIGNATURE	I	Hour a.m.	19	While of we	e Not while	focto	ry, street, office bldg., etc	-)				
death resulted fram: Natural causes \(\text{N} \), Accident \(\text{, Suicide } \), Hamicide \(\text{, Undetermined cause } \). ACTUAL SIGNATURE SIGNATURE \(\text{NAME (I) yee} \) EXAMINER'S Benedict Skitarelic M.D. Deputy Medical Examiner \(\text{DED} \) December 30, 1960 Deputy Medical Examiner \(\text{DED} \) December 30, 1960 Deputy Medical Examiner \(\text{DED} \) Permanentation, 22b. Date Thereof 22c. Name of Cemetery or Crematory 22d. Location (City, town, or county) (Slote) Burial 12/31/60 Bethel Methodist Cem Bedford County Penna 24g. REC'D By REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24d. REC'D By REGISTRAR'S SIGNATURE	ı		at I took charge			abay	re, held an Autops	у П.	Inspection [7]	Inquiry	A and	find that
ACTUAL SIGNATURE Benedict Skitarelic M.D. CHIEF MEDICAL EXAMINER December 30, 1960 EXAMINER'S Benedict Skitarelic M.D. DEPUTY MEDICAL EXAMINER DECEMber 30, 1960 220. BURIAL, CREMATION, Part THEREOF Purial 12/31/60 Bethel Methodist Cem. Bedford County, Penna. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	1							. —				
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ASSISTANT MEDICAL EXAMINER December 30, 1960 Deputy Medical Examiner December 30, 1960 Deputy Medical Examiner December De		ACTUAL O	a color	1.1	6. tax 0.)	CHIEF MEDICAL E	XAMINER [DATE	SIGNED
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23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE		Burial	12/31/6	0	Bethel Met	hod	st Cem.	Bedi	ford Coun	tv. Pe	nna.	
John J. Hafer, Cumberland, Md. DATE JAN 4 '61 Curlum S. Knows	1	23. FUNERAL DIRECTOR"	SIGNATURE				24a. REC'	D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	NATURE	
	-	John J.	Hafer,	Cum	berland, Md		DATE	JAN 4	'61 C	When S.	Thous	

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CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Allegany b. COUNTY MARYLAND Allegany Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) LaVale Cumberland e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION Allegany County Infirmary Linda Way YES NO NAME OF Middle 4. DATE DECEASED December 60 Garland McGlure Paxton DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH last birthday) Manths Male White WIDOWED DIVORCED | 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Proprietor Bakery U. S. A. Cumberland, Maryland Retired: Baker -13. FATHER'S NAME Amon McClure Paxton Helen Frantz 17. INFORMANT P.O.BOX 599 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Address Cumberland. Md. Allegany County Infirmary records. No INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (o) o(b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Haur o. m While Not while at work ot work ta 12/28/60, 19___, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from 9/8/60 saw the deceased alive an 12/28/60 19 and had been obtained at .M, fram the causes and an the date stated above. 220. SIGNATURE SIGNED 29/60 PHYS. DIRECTOR Y PHYS. X 22c/PHYSICIAN'S 22d, ADDRESS NAME (Type) James E. McLean 49 Greene St., Cumberland, Md. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Cumberland, Maryland Buria Sunset Memorial Park 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR Cumberland, Wayne George Maryland Orthon S. House

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	19	1224		CERTIFIC	ATE	OF DEATH	1				
	DIACE OF DEATH	legany		MARYLAN		JSUAL RESIDENCE (W. STATE Md.	here decease	ed lived. If institution b. COUNTY		e before egan	
	b. CITY OR TOWN (IF RURAL ond, give nec		ts, write	c. LENGTH OF STAY IN '82 Yrs	16	Barton.	outside corp	orate limits, write Rl	JRAL ond gi	ve neare:	st town)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, g	ive street	oddress)	1	d. STREET ADDRESS					IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Andrew	st	Middle F	erma	Lost	4. DATE OF DEATH	Mont		Day	Yeor 19 60
	ale	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED [ED A DIVORCED	7 2	TE OF BIRTH 1878		9. AGE (In yeors last birthdoy) 82 yrs.			UNDER 24 HE Hours Min.
10a	. USUAL OCCUPATION	N (Give kind of work ing life, even if retired	done 10b.	Coal Mine	NDUSTRY	11. BIRTHPLACE (Stoke Maryland	e or foreign	country)		S.A.	/HAT COUNTR
13.	FATHER'S NAME		8396		14	. MOTHER'S MAIDEN					
						Sarah E.	Penman				
		IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO.	7. INFOR	mant rence Penm	an-Bar	ton, Md.	ess		
	PART I. DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (o), (b), and (c).]	at	terales	265 -				AND DEATH
	Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	nmediote (
CERTIFICATION	PART II. OTHI	er significant con	DITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	MINAL DISEA	SE CONDITION GIV	EN IN PART		WAS AUTOPS PERFORMED? (ES NO)
	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (Er	nter noture of injury in	Port I or Po	ort II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. I While of wor	Not while	foctory,	OF INJURY (Home, far street, office bldg., e	rm, 20f. (Ci	ty or town)	(Cc	ounty)	(Sto
	21. I certify that	(1) (this haspita	l) attend	ded the deceased fro			960, ta	Drela			(we) lo
	saw the decease	ed alive an	er 12	1960, and the	at deat	accurred ava_	AM, fran	the causes an	d an the	date s	
	220. SIGNATURE	illiam	(1).	Lah	M.D.	ATTENDING PHYS.	MED.	STAJIF PHYS.	,	12	72b. DATE

22c. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION, 23b. DATE THEREOF 12-15-60

23c. NAME OF CEMETERY OR CREMATORY Laurel Hill

23d. LOGATION (City, town, or county) Moscow

(Stote) Md.

13271

24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Westernport, Md. 250. REC'D BY REGISTRAR DATEC 1 6 '60

22d. ADDRESS

25b. REGISTRAR'S SIGNATURE Orthun S. Kraus

TO FUNERAL DIR CIT poge 3 shauld be di the State Board of H TO HOSPITAL OR VR A15 (4) 15M 9/59

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CERTIFICATE OF DEATH

13310	CERTIFICA	AIL OI DEAII		Reg. Dist.	No.
PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WI	b. C	institution: Residence	before admission)
Allegany		Maryl	and	Alleg	any
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	Company of the compan	write RURAL and giv	re nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	Lifetime t address)	d. STREET ADDRESS	urg		e. IS RESIDENCE
Miners Hospital		135 McCul	loh Stree	t	ON A FARM?
NAME OF First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print) AMOS		PERDEW	DEATH	12	29 19 6
SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I	11 1	YEAR IF UNDER 24 HR
M Midow	75	6-20-1879	last bir	yrs.	ays Hours Min.
 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 			ar fareign country)		N OF WHAT COUNTR
Miner (Coal Mines	Ar tmes,	Pa.	U.	S.A.
Asbury Perdew		Emily Joh			
WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	NFORMANT		Address	Md.
as an an ambanant till as at a see a data. A contact	7 00 0440	hn Perdew,	135 McCul	loh St	Frostbur
Couse (o), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART 1	19. WAS AUTOP: PERFORMED? YES NO
20o, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II of item	1B.)	TE NO
Haur a. m. While	t-	ACE OF INJURY (Home, farm ctory, street, office bldg., etc		(Co	unty) (Sto
21. I certify that I attended the decea	sed fram	occurred at SA	M, fram the cau ADDRESS (Street, sig)	ses and an the	saw the deceas
ACTUAL SIGNATURE MAMOELAN	ne	M.D	mathe	4 12	31-60
PHYSICIAN'S NAME (Type)	Lane me	D	M		
o Burial, Cremation, 22b. Date Thereof REMOVAL (Specify) 12-31-60	22c. NAME OF CEMETERY C		22d. LOCATION (City		(Stote)
FUNERAL DIRECTOR'S SIGNATURE Haf	er Perferal H	's Cemetery		b. REGISTRAR'S SIGN	Md.
3. O A H TILL TO		01110	an 5 '61	andhun S.	
euch N, me weeking 20	3 E. Main. Fro	stburg DATE	1/10 0	and a.	1 Character

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained to the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pages 1 and 2 and 2 and 4 be filled with the registror priar to burial, crematian, or remayal, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DEATH	3210		MARYLAND	o. STATE		ere deceased live	b. COUNTY	on: Residence be	efore admiss	sion)
	ALLEGANY				+	YLAND		Al	LLEGANY		
	RURAL ond give ne		s, write	c. LENGTH OF STAY IN 16	CtA.	TOWN (IF O	utside corporate	limits, write R	URAL and give I	nearest tow	n)
	d. NAME OF HOSPIT	AL (If not in hospital, gi	ve-street.c		d. STREET					e. IS RES	IDENCE
	MEMORIAL			CK AVENUES	1 1201	MICH	IGAN AVE	NUE			FARM?
	NAME OF DECEASED (Type or print)	RAYMON	D	Middle S	POME		4. DATE OF DEATH	DECEM		Day	Year 1960
S.	SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED	B. DATE OF BIR	TH		GE (In years	Months Day	_	_
	MALE	WHITE	WIDOWE	D DIVORCED	JANUARY	7, 18	397	63 yrs.	Months Day	s Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work d	one 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHP	LACE (Stote	or fareign countr	γ)	12. CITIZEN	OF WHAT	COUNTRY?
		D - B.& O.		Machinist	HAG	ERSTO	N. MARY	LAND	U.S.	.A.	100
13.	FATHER'S NAME				14. MOTHER						
		ZACHARIAH	POMER	ROY		FLORE	NCE SPI	CKLER			
		R IN U. S. ARMED FORG		SOCIAL SECURITY NO. 17.	NFORMANT		T. 17. 1	Addi	ress		
1 "	No	ir yes, give war or oures or se	400.0	05-12-3279	MEMORIAL	HOSP	ITAL - C	UMBERL	AND, MAR	RYLAND	
	18. CAUSE OF DEA	TH [Enter only one cou	se per lin	e for (o), (b), and (c).]		11 12 7	-7		11	NTERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	('	ARCINOI	44) () F	1516	trll	U	1 1 di	DEATH
	162	DUE TO		11/11/2						1	7
	Conditions, if or	ny, which) (b)		201007						1	
1	gove rise to in	mmediate (ALA S				111111	- 73			
	lying couse lost.	(c)				100	1000	352			
Z	PART, II. OTH	ER SIGNIFICANT CONE	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED T	O THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1(0	19. WAS	AUTOPSY ORMED?
IN	Hypert	Eusine +	(2)	Herrosile	12/00 (indi	OVECL	das	Mora	YES [
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH- MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature.	of injury in 1	Port I or Port II s	of item 1B.)			1
3	20c. TIME OF INJUR	Y Month, Doy, Yea	r 20d. IN	JURY OCCURRED 20e. P	LACE OF INJURY	(Home, farm	20f. (City or	rown)	(Coun	ty)	(Stote)
MEDICAL	Hour o.m.	19	While of work	INDI WILLE	octory, street, offi	čé břidg., etc	**		-		
1		4 (I) (4h2 - h24I)	_			12	57ta /	2/12	19.60	that (1)	/
			arrena	ed the deceased fram.					, 17, 	that (1)	(we) last
	saw the deceas	sea alive an1_	1-1-1-	17_12.() and that	death accurre	a ar	ivi, irom me	causes an	a an the ac		b. DATE
	Le	wees	un	dulu	M.D. ATTENDIN	DI	ED. S	TAFF PHYS.	12/	12/6	SIGNED
	22c. PHYSICIAN'S NAME (Type)	DR. S.G.	11516	NA / A A I	22d. ADD		- 67 0	1 " 10001	111D 11D	/	
		DR. 5.G.	WEIS	OMAIN	77	GKEEN	ST., C	UMBERE	AND, MU	•	
23	BURIAL, CREMATIO		F	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATION	(City, town,	or county)	(Sto	te)
	Burial	12-15-6	0	Rose Hill	Cem.		Hagers	stown,	Md.		
24.	FUNERAL DIRECTOR	SSIGNATURE P. SCarpe	11i	Cumberland,	1/1	25a. REC'	D BY REGISTRAR	2Sb. REGIS	STRAR'S SIGNA	TURE	
		- boarpo		oumour reinu,	mid.	DATE	DEC 1 6 '60		7 11 9	4-	

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TO FUNERAL DESCIOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 and 2 and 2 the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 and 2 and 2 and 3 and 4 be filed with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 15M 9/59

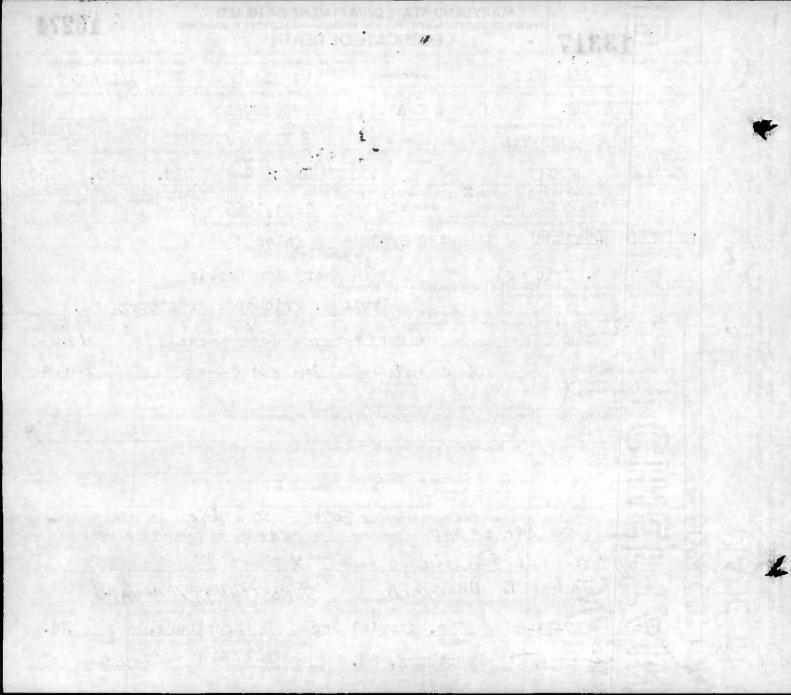
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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-	3		-	- 4

_													
1.	PLACE OF DEATH o. COUNTY	ALLEGAN	Y	MARY	LAND		WAL RESIDENCE (WHO STATE MARY)		lived. If instituti b. COUNTY		-	ANY	ion)
	b. CITY OR TOWN (I	f outside corporate limiterates town	ts, write	c. LENGTH OF STAY		c.	CITY OR TOWN (IF &	utside corporo IBURG	ete limits, write R	URAL ond	give nea	rest town)
	d. NAME OF HOSPIT	TAL (If not in hospital, g			A	ol d.	STREET ADDRESS		VENUE				IDENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	ENO CH	st	Middle B		RI	CHARD	4. DATE OF DEATH	DEC		20	/	Yeor 1960
	MALE	6. COLOR OR RACE WHITE	7. MARR	NEVER MARRI			of Birth rch 12th.		. AGE (In years lost birthdoy) 94 yrs.	Months	Days	Hours	R 24 HRS. Min.
R	ETIRED WOR	ON (Give kind of work of hing life, even if retired) MERCHANT			STOR	E	Eale	es	entry)	12. CIT	USA	WHATC	OUNTRY?
13.	FATHER'S NAME	5 5 . 1				14. /	MOTHER'S MAIDEN N						
15	Enoch	B. Prich		SOCIAL SECURITY NO	17. INI	FORM	Mary Ar	m Har	ris	ress			
		(If yes, give war or dates of s		JOEINE SECONT THO			n E. Pric	hard			M	d.	
NOI	Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediote Dus To)	arteriose	leso	sis NOT R	elated to the termi	clus Cese	condition GI	VEN IN PAI	0	flo PERFO	v - va -
AL CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY C								YES 🗌	NO
MEDICAL		RY Month, Doy, Yea	While of wor		foct	lory, sl	INJURY (Home, form reet, office bldg., etc.	.)	*		County)		(Stote)
	21. I certify the saw the decea 220. SIGNATURE 22c. PHYSICIAM'S NAME (Type)	ot (1) (this haspital sed alive an Sound		DAVIS, N	l that de	eath A.D. F	accurred at // A	M, fram t				stated	
	BURIAL, CREMATIC REMOVAL (Specify BULLIAL	12-23-	1-	F' bg . Me			Park	Fre	on (City, town, ostburg	7			d.
24	FUNERAL DIRECTOR	'S SIGNATURE	4	ADDRESS Frosthur	e. N	16.		EG 2 7 16		ISTRAR'S SI			



funeral director, Ild be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be revained by the haspital or attending physician.

TO FUNERAL DIVECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

13277	CERTIFICATE OF DEATI
ATH	2 HISHAL DESIDENCE A

1	. COUNTY ALL	EGANY		MARY	LAND		MARYL		b. COUNTY		LEGA		ion,
	b. CITY OR TOWN (IF RURAL and give ne CUMBERLA	outside corporate limi orest town) ND	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROST BURG)
5	d. NAME OF HOSPIT	AL (If not in haspital, g	ive street (oddress)		d. STREET	ADDRESS 39 CE	NTENNIA	AL STREE	г			DENCE FARM? NO
	3. NAME OF DECEASED (Type or print)	BER	NICE	Middle P.		RACE	ast	4. DATE OF DEATH	DECI	EMBER	Do	-/	rear 19 60
	FEMALE	6. COLOR OR RACE WHITE	7. MARR	IED NEVER MARRI		8. DATE OF BIR			9. AGE (In years last birthday) 43 yrs.	Months	R 1 YEAR Doys	Hours Hours	R 24 HRS. Min,
	Housewi	ing life, even if retired		kind of Business own Housew			OHIO	e or foreign co	ountry)		U.S.	F WHATC	OUNTRY?
1	13. FATHER'S NAME					14. MOTHER	'S MAIDEN	NAME					
Ł	WILLIAM					PE	ARL B	USH					
	(Yes, no, or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO -05-6872		NFORMANT MEMORIAL	. HOSP	ITAL-CU	JMBERLAND	lress D, MAI	RYLA	ND	
	Conditions, if or gave rise to in couse (a), stoting lying couse lost. PART II. OTH PART III. OTH 20g. ACCIDENT WA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO IMMEDIATE DUE TO IMMEDIATE DUE TO IMMEDIATE LINDERNING	DITIONS C	pe for (o), (b), and (c), there nepter to be contributing to decrease the contribution of the contribution	ATH BUT	7 - 1	Venn	onhag	pe Cej	VEN IN PA	/	PERFO	nevs
		CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Doy, Ye	or 20d. It While of wor	NJURY OCCURRED Not while k ot work	20e. PL	ACE OF INJURY ctory, street, aff	ice bldg., et	tc.)			(County)		(Stote)
		t (I) (this hospital ed alive on Da. 1 - Faur DR. W. F	Jv	led the deceased 19 &c , and			NG M	M, from DIRECTOR D	the couses an STAFF PHYS. . U.S.			stoted	we) lost above. D.DATE SIGNED
	23a. BURIAL, CREMATIO REMOVAL (Specify)	Dec 3	F-1960	23c. NAME OF CEM	-	·/ - w		Fros	tburg;	,	42.	(State	
	24. FUNERAL DIRECTOR	DIO NOTO A	2-1	ADDRESS Tra	stt	ungmd	DATE	DEC 5		Istrar's s Inthun			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13276

H Par Diet No

10410	neg. Die.,	170.
PLACE OF DEATH O. COUNTY Allegany MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence o. STATE Maryland b. COUNTY Alle	
		egany
b. CITY OR TOWN If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give nearest town)		ve nearest tawn)
Cumberland 35 yrs.	Cumberland	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	/ d. STREET ADDRESS	e. IS RESIDENCE
D.O.A. Memorial Hospital	Rt. 4, Christie Road	YES NO 1
3. NAME OF First Middle Middle	Last 4. DATE Month I	Day Year
(Type or print) Samuel Alonza Rankin	OF DEATH Dec.	3 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIPTH 19. AGE (In years IFLINDER 1YE	AR IF UNDER 24 HRS.
	lost birthday) Months Don	
Male White WIDOWED DIVORCED	Mar . 60, 100 / 10 yrs.	
10a. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZET	OF WHAT COUNTRY
Retired Carman Railroad	Round Bottom, W. Va. US	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John W. Rankin	Anna Litten	
	INFORMANT Address	
(Yes, no, or unknown) (If yes, give wor or dotes of service) Ves M	rs. Samuel Rankin, Cumberland	, Md.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
		SUDDEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CORONAL	RY OCCLUSION	משתחהפ
420.1 DUE TO		
COR	ONARY SCLEROSIS	
gave rise to immediate cause		
(a), stoting the underlying DUE TO		
couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(
*		YES NO
20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS CON	Table 10.1	
	LACE OF INJURY (Home, farm, 20f. (City or town) (County octory, street, office bldg., etc.)	(Stote)
Hour o. m. While Not while of work of work	itiony, sitem, office blogs, etc.)	
21. I certify that I took charge of the remains described ob	pove, held an Autapsy . Inspection . Inquiry	(X), and find that
deoth resulted from: Natural causes , Accident , S		
decili resolled from: Individuations [], Accident [], 5	ordicide [], Onderermmed couse [].	
1 1 10 4	1	DATE SIGNED
SIGNATURE Clessed to the Tarely	M.D. CHIEF MEDICAL EXAMINER	DATE STORES
	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Benedict Skitarelic, M.	D. DEPUTY MEDICAL EXAMINER Dec. 3, 196	60
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
Burial 12-6-1960 Sunset Mem	orial Park Cumberland, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	TURE
Tamor F Sannolli Cumbanland	Md. DATEDEC 6 '60 Cuthun S. H	inus
James F. Scarpelli, Cumberland,	INIC . DATED TO	

VS. A15ME(S) 5M 9/5S

	CATE OF DEATH	s certain		(auxoloa)	2 j. 60	
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ther funeral directar,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL DISCIOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	49970	f 3	CERTIFICA	ATE OF L	PEATH					
1. PLACE OF DEAT a. COUNTY	ALLEGANY		MARYLAND	- CTATE	SIDENCE (WI		lived. If institution b. COUNTY	n: Residence	before odm	ission)
CUMBERL			DAY	00	TOWN (IF O		ote limits, write Rl	URAL ond giv	ve nearest to	wn)
	PMORIAL AND			d. STREET		NIA AVI	ENUE		ON	ESIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	DOR	OTHY	Middle D •	RAVENSC	ROFT	4. DATE OF DEATH	DECEM		Day 8	Year 19 60
FEMALE	WHITE	WIDOWED [NOVEMB	ER 23,	1906	last birthdoy) 54 yrs.	Months D	YEAR IF UN Days Have	
HOUSEWI	PATION (Give kind of work working life, even if retire FEE RESTAU	ent.	orensing or inc	WE	ST_VIR	GINIA	entry)	- 1	S.A.	TCOUNTRY
SYLVEST	ER BENNETT				HAYWO					
1S, WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FO	service)	AL SECURITY NO. 17 -30-0733	MEMORIAL	HOSPI	TAL -	Addr CUMBERLA		RYLAN	D
Conditions, gove rise to cause (o), sta lying cause l	to immediate DUE To	o) D b) D	PIELL		TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	ONSEL AN	3.
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEATH TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		HOW INJURY OCCUR	RED. (Enter noture	of injury in	Port I or Port	It af item 18.)			□ 00 □
Hour o.	NJURY Month, Day, Y . m. 19		Not while_	PLACE OF INJURY foctory, street, off			or town)	(Co	ounty)	(State)
	that (1) (this haspite ceased alive an		he deceased from			Qu, Promet		19.4c		1 -1
22c. PHYSICIAN NAME (Ty	Pollenn 6	WR IGHT	1.1	M.D. ATTENDI PHYS.	D	ED. IRECTOR	STAFF PHYS	-6×.	1330	22b. DATE SIGNED
Burial Spe	ATION, 23b. DATE THERE ECITY) IZ-II-	OF 23c	. name of cemetery Sunset Me		Park	0 3	on (City, fown, o	,Md.	(S	fote)
James	tor's signature F.Scarpell		address erland, Mo			DEC 1 4 1	00	ETRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2920

1. PLACE OF DE a. COUNTY	ALLEGANY		MARY	LAND	a. STATE	RYLAI		lived. If instituti b. COUNTY			odmissi	on}
RURAL and	OWN (If autside carporate limi give nearest tawn) MBERLAND	ts, write	c. LENGTH OF STAY	IN 1b	1		autside carpor	ate limits, write R	URAL and	give near	est tawn	,
d. NAME OF OR INSTITU	HOSPITAL (If not in hospital, outlined HOSPIT		oddress)		d. STREET A	DDRESS	MAIN S	TREET		е		DENCE FARM? NO
3. NAME OF DECEASED (Type or print	JA	MES	B. R.	RIT	CHIE	t	4. DATE OF DEATH	DEC	MBER	8		9 60
S. SEX MALE	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE		MARCH I			9. AGE (In years lost birthdoy) 50 yrs.	IF UNDER Manths		F UNDE Hours	R 24 HRS. Min.
DOHI	CUPATION (Give kind of wark of working life, even if retired MBER)	SELF EMPL	OYED	LON 14. MOTHER'S	ACON	ING, MD			U.S.		OUNTRY?
(Yes, no, or unknown		ervice)				HOSP	ITAL -C	UMBERLAI		RYLA	AND	
Condition gove rise couse (a), lying caus	OF DEATH (Enter only one co	ma	gestise yourded tenore	It Inf				lateral Seage		So.	TAND MAS	195
ICATIO									TEN III TAN		PERFO	RMED?
	ENT WAS UNDERLYING D BUTING D CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature a	t injury in	Part I ar Part	II of item 18.)				
20c. TIME OF	F INJURY Manth, Day, Ye a. m. p. m. 19	While	NJURY OCCURRED Nat while at wark	20e. PLAC	CE OF tNJURY (I ary, street, affice	Hame, farr bldg., et	m, 20f. (City	or tawn)	(1	County)		(State)
saw the c	fy that (I) (this hospita deceased alive an	attend De	ded the deceased	W			DM, Arem		oc., 196 an the			
22a, SIGNA 22c, PHYSIC	ralped Vo	na	Dime	м	.D. ATTENDING		AED.	STAFF PHYS.	9	Del	1 - 19	SIGNED
NAME ((Type) _ //	VAN C	RMER		III.							
23a. BURIAL, CRI REMOVAL (EMATION, 23b. DATE THEREO	1960	23c. NAME OF CEMI					OSTBUTE	MD		(State	9}
GEORGE	E EICHHORN	2,00	ONACONING			25a. REC	D BY REGISTE	RAR 25b. REG	STRAR'S SI			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13318

	PLACE OF DEATH D. COUNTY	llegany	MARYLAN	- CTATE	DENCE (Where Maryla		If institution: Residence A	dence before admissi llegany	on)
	RURAL ond give ned Frostb d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, give st	reet oddress)	d. STREET A	Lonaco	ning			DENCE FARM?
	Mine	rs Hospita	L.	St.	Marys	Terrac	e	YES 🗌	NO 5
	NAME OF DECEASED (Type or print)	Mary	Ann I	Robertso		OF DEATH	Month Decembe	/	9 60
5. 5	SEX	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE	(In years IFUND birthdoy) Month	ER I YEAR IF UNDER	
E	emale	White win	OWED DIVORCED	Novembe	r 19,1	.888	72 yrs. Month	s Days Hours	Min.
10a	. USUAL OCCUPATIO during mast of worki HOUSE W	N (Give kind of work done ng life even if retired)	10b. KIND OF BUSINESS OR IN Own Home			foreign country) Mary		U.S.A.	YNTRUC
13.	FATHER'S NAME				MAIDEN NAM				
	Geo	rge Staup		Re	becca	Miller			
1S.		IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 12	7. INFORMANT			Address		
	no	1 yes, give wor or oures or sarvice)	none	Mrs.Ed	ward P	owell	Lona	coning.	Md.
		TH [Enter anly one couse p TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	er line for (o), (b), and (c).	Hemor	Daught	erii		INTERVAL BETONSET AND	
	Conditions, if on gove rise to in cause (a), stating t lying couse lost.	mediate (DUE TO	Esteriosclard	ic Cardi	ovascu	dar d	seuse	year	s
CERTIFICATION	PART H. OTH	ER SIGNIFICANT CONDITIO	ns <u>contributing</u> to death	BUT NOT RELATED TO	O THE TERMINA	L DISEASE CON	DITION GIVEN IN F	PART 1(o) 19. WAS A PERFOR	NO S
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCU	RRED. (Enter noture o	of injury in Part	t I or Port II of i	tem 18.)		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	W	od, INJURY OCCURRED 20e. Thile Not while work of wark	PLACE OF INJURY of foctory, street, offic	(Home, farm, e bldg., etc.)	20f. (City or tow	n)	(County)	(Stote
	saw the decease	(I) (this haspital) att	ended the deceased fra			7, ta De , fram the c		the date stated	
	22c. PHYSICIAN'S	viles?	mo	M.D. ATTENDIN PHYS.	DIREC	TOR STA	FF S. □	12.8	SIGNE
	NAME (Type)	.R. MILES	JR. M.D.		NACO	NING		MD),
	REPOYLES	12/9/60	Oak Hill	Cemete		-	coning,	Md.	±)
24.	George E		onaconing,	Md.	250. REC'D 8	1 2 60	25b. REGISTRAR'S	SIGNATURE	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

13280

256. REGISTRAR'S SIGNATURE

arthur. S. Krous

25a. REC'D BY REGISTRAR

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DATERN 4-

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13281		CERTIFICA	ATE OF DEATH					
1. PLACE OF DEATH O. COUNTY ALLEGAN			MARYLAND	2. USUAL RESIDENCE (MOSTATE WEST	/here deceased	_ b. COUNTY	n: Residence be		sion)
b. CITY OR TOWN (If RURAL and give ne	autside carporate lim	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corpora	te limits, write R	URAL and give n	earest tawr	n)
DUMBERLA	n 1000		30 DAYS	RUR	AL	MOORI	FIELD		
d. NAME OF HOSPITA	AL (If not in hospital, of HEART HOSP	219-17		d. STREET ADDRESS		80	x-3		SIDENCE A FARM?
3. NAME OF	Fic		Middle	Last	4. DATE	Man	th I	Day	Year
(Type or print)	CO	ESSA		ROBERTSON	OF DEATH	DECE	MBER	30	19 60
5. SEX			RIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEA		
FEMALE	WHITE	WIDOWI		MARCH20, 19	02	Jast birthday) 58 yrs.	Manths Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR INDI				12. CITIZEN	OF WHAT	COUNTRY
million a management from White	ing life, even if retired)		WEST VI	RGINIA				
HOUSEWIFE 13. FATHER'S NAME				14. MOTHER'S MAIDEN					145
	TD CRITES			AGATHA					
15. WAS DECEASED EVER		CESO IV	COCIAL CECURITY NO. 117	INFORMANT		Addi			
(Yes, no. or unknown)	If yes, give war or dates of	ervice)	79-22-9885	PATIENTS CHA	RT	Addi	e.,		
Canditians, in argave rise Ia ir cause (a), stating (lying cause last.	the <u>under-</u>		CONTRIBUTING TO DEATH BU	versally	UTLU TH	CONDITIONS	***	NSET NO	ron
ZOO. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CON	IDITIONS S	CONTRIBUTING TO DEATH BU	THO REDATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART I(O)	PERFC YES [ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature af injury in	Part I ar Part I	l of item 18.)			
20c. TIME OF INJURY Haur a. m. p. m.	Y Manth, Day, Ye	ar 20d. II While at war	Nat while fi	PLACE OF INJURY (Hame, far actary, street, affice bldg., e		r tawn)	(Caunt	y) (Y	(State
21. I certify that saw the decease 220. SIGNATURE) attend	ded the deceased fram	death accurred a 22	15 AM	1 2 -3 ne causes an			
PHYSICIAN'S NAME (Type)	es T.Johns	on Ji	e, M.D.	22d. ADDRESS	NE ST,	CUMBERL	AND, MD.	1-2	5 6/
23a. BURIAL, CREMATIO		OF /	23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, town,	or county)	(Sya)	10)

ADDRESS

TO HOSPITAL OR VR A15 (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

			S. C. Carlot	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13281

	1970	2	CEKI	IFICA		DEATI	1		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Allege	gany		MAR	YLAND	2. USUAL		ere deceased	l lived. If institution b. COUNTY		Lega:		in)
b. CITY OR TOWN ((If outside corporate lim	its, write	c. LENGTH OF STAT	Y IN 16	c. CITY	OR TOWN (If o	utside corpo	rote limits, write RI	JRAL ond	give near	est town)	
Cumberla	7		60yrs		O)Cum	berlan	d					
OR INSTITUTION	TAL (If not in hospitol.)	give street o	ddress)			et address Oak St	•			e	ON A	FARM?
B. NAME OF DECEASED (Type or print)	George	rst _A	Middle Rob	inet	te	Lost	4. DATE OF DEATH	Dec. 6	th S	Day		ear 960
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARR	IED 🔲 8	B. DATE OF	BIRTH	- 111	9. AGE (In years last birthdoy)	Months	Days I	Hours	24 HRS. Min.
M	W	WIDOWED	DIVORC	ED 🔲 🗎	Feb.	14,188	8	72 yrs.	, , , , , , , , , , , , , , , , , , ,	boys	Hoors	Min.
during most of wor RetiredJa	ON (Give kind of work rking life, even if retired ANL COT	done 10b. K	extile M			ford C	-			TIZEN OF	WHAT	OUNTRY?
13. FATHER'S NAME					14. MOTH	ER'S MAIDEN N	IAME					
Wesley	y Robine	tte				Mary	Goss	5				
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FOI (If yes, give war or dates of	tervice)	4-05-90		iola	Robine	tte	18 Oak				
Conditions, if of gove rise to it couse (o), stoting lying couse lost.	the <u>under-</u>	c)	Bron	e ele	NOT BELATE	O TO THE TERM	alle	CONDITION CITY	ENI INI DAG	OT 1/01/10	WAS A	LITOPSY
CATIC			JAIKIBUTING TO DI	EATH BUT I	NOT RELATE	D TO THE TERM	NAL DISEASI	CONDITION GIV	EN IN PAR		PERFOR	MED?
	G CAUSE OF DEATH		RIBE HOW INJURY									
	G CAUSE OF DEATH	par 20d. IN.	JURY OCCURRED Not while	20e. PLA	CE OF INJU	RY (Home, form	, 20f. (City		(County)		(State)
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	G CAUSE OF DEATH	20d, IN While of work	JURY OCCURRED Not while of work	20e. PLA foct	CE OF INJU	RY (Home, form) office bldg., etc.	20f. (City	or town)	_,that I	County)	e state	deceased above
20c. TIME OF INJUI Hour o. m. p. m. 21. 1 certify the olive on	CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Ye 19 hat I attended the	aar 20d. IN. While of work e decease , 196	JURY OCCURRED Not while of work d from , and tha	20e. PLA foct	accurred	RY (Home, form office bldg., etc.	M, from	or town)	that I and an testate)	County)	e state	deceased d above
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the alive on	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Ye 19 hat I attended the Lay E. Du ON, 22b. DATE THEREE	of 20d. IN. While of work edecease	JURY OCCURRED Not while of work d from , and tha	20e. PLA foct with death www. Virgometery or	accurred	RY (Home, form office bldg., etc. SC, to	M, from ADDRESS (SI	or town) 1944 1 the causes a reel, city or town,	d.	County)	e state	deceased above

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	en lake	

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be anywarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registror prior burial, cremation, r remavol.

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			ME	(S)
-	M	7/	/55	

	7000%	Reg, Dist. No.
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission)
/	o. COUNTY Allegany MARYLAND	o. STATE Maryland b. COUNTY Allegany
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	end give necrest town) Frostburg, Md. R.D. #1.Shaft lvear	Rural Frostburg
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. 15 RESIDENCE
9		Shaft ON A FARM?
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Doy Year
	(Type or print) MAYNARD CLARENCE	ROGERS DEATH ASSE 28 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	M WIDOWED □ DIVORCED □	7-17-1909 51 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Baker Frostburg Bake:	ry Mt. Savage, Md. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Rogers	Ellen Brode
		NFORMANT Address Md.
	No None 217-10-4955 Mg	rs. June Rogers, R.D. Shaft, Frostburg
	18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Thromboses Gulden
	720 DUE TO 1	011.
	(Conditions, if ony, which) (b) Coraly	seleroses !!
	gove rise to immediate cause (o), stating the underlying DUE TO	
	couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	PERFORMED? YES NO
	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port I or Port II of item 18.)
d	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor of work of	ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described about	ve, held on Autopsy , Inspection , Inquiry , and find the
K		cide, Homicide, Undetermined couse
	deall resolved from the state of the state o	see
	ACTUAL /// MC/1120	CHIEF MEDICAL EXAMINER T
	SIGNATURE DE CONTROL D	_M.D. CHIEF MEDICAL EXAMINER
•	EXAMINER'S W. O. MCLANEMO	CLAST DEPUTY MEDICAL EXAMINER (960)
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
1	Burial 12-31-60 Frostburg Me	emorial Park Frostburg Ma
1	23. FUNERAL DIRECTOR'S SIGNATURE Hafer Funeral Home	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Bullet H. Moulesur E. Main Frostbur	PR. Md. DATE JAN 3 61 Conthur S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13283 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH	Allegany		MARYLAND	o. STATE Man		b. COUNT		e before odr	mission)
b. CITY OR TOWN and give neotest	N (It outside corporate limits, write town) Imberland	RURAL	c. LENGTH OF STAY IN 1b	25 5 00	VN (If outside conberland	rporate limits, write	RURAL and g	ive nearest t	own)
	spital or institution (i	f nat in hos	pital, give street address)	d. STREET ADDR	ESS Lafaye	tte Ave	THE LE	10	RESIDENCE N A FARM2
3. NAME OF DECEASED (Type or print)	BARTON	st	LOUIS	RUBY	4. DATE OF DEATH	Monti 12		26	Year 19 60
5. sex Male	White	WIDOWEE	DIVORCED [May 17, 18		9. AGE (In years lost birthday) yrs.		YEAR IF UN Trys Hours	DER 24 HRS.
10a. USUAL OCCUPA during most of wo Y.M.C.A.	ATION (Give kind of work of ching life, even if retired) (B&O) Retire	d B	ind of Business or Indus &O Railroad	Monroe :	(State or foreign Formship	country)PennBedford	CO .		COUNTRY?
13. FATHER'S NAME Marian	Ruby			14. MOTHER'S MAII	DEN NAME 7 Elbin				
15. WAS DECEASED (Yes, no, or unknown) Yes	EVER IN U. S. ARMED FOI (If yes, give wer or doles of		social security no. 17. 14-05-62567	NEW Sco	tt mil	les al	earri	elle	Pa
	DEATH [Enter only one cau DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		CORONAR	9.				INTERVAL BETV ONSET AND D SUDD	EATH
gave rise to im (a), stating the cause last.	underlying DUE TO	DITIONS <u>CO</u>	COR		CLEROS]		/EN IN PART 1	(o) 19. WAS PERF	AUTOPSY ORMED?
PART II.	CONTRIBUTING [b. DESCRIBE	HOW INJURY OCCURRED.	Enter nature of injury	in Part I or Part I	l of item 18.)			
20c. TIME OF IN Hour o. p.		While	NJURY OCCURRED 20e. PLA Not while of work	CE OF INJURY (Home tary, street, affice bldg	o, form, 20f. (City, etc.)	y or lawn)	(Count	у)	(State)
			emains described abo , Accident [], Su			Inspection X		M. and	find that
ACTUAL	Denedis	SK	tarelas	m.b.	CAL EXAMINER			DATE	SIGNED
EXAMINER'S NAME (Type)	BENEDICT S	SKITA	RELIC, M.D		ICAL EXAMINER		MBER	26,	1960
220. BURIAL CREMA REMOVAL (Spec Burial	ATION, 22b. DATE THEREO cify) 12-29-6		22c. NAME OF CEMETERY OF Hill Crest	CREMATORY Burial Par		Mberland,		(Ste	ote)
23. UNERAL DIRECT	TOR'S SIGNATURE	, (address emberlar	& Zef 240.	REC'D BY REGIS	261	STRAR'S SIGN		

CEPTIFICATE OF DEATH SHALL	1328 3MTDICAL EXAMINERS
	Darware (Stemony)
A full of a filter agent of the full of th	Possian Principal is of the property of the filler (in the Combined A.C. Service that the best fisher.
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	PLACE OF DEATH a. COUNTY ALLEGAN	Y		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE MARYLAND ALLEGANY									
	b. CITY OR TOWN (If ou RURAL and give negre: CUMBER LA	tside carporote limits, st tawn) AND, MD.	write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) CUMBERLAND, MD.						٦)			
	d. NAME HORITAI		street a	ddress)	1	140 A		т.						FARM?
1	NAME OF DECEASED (Type ar print)	First BA	BY B	OY SAVILLE		Last		4. DATE OF DEATH	DEC	Mani EMBER		17	,	Year 1960
S.	MALE 6.	1 MINTE	MARRI IDOWEI	ED NEVER MARRIED X		CEMBER	17,1	960	9. AGE last b	(In years irthday) yrs.	Manths Manths	R 1 YEAR Days	Hours	45.
10a	. USUAL OCCUPATION (during mast of warking NOT	life, even if retired)	ne 10b. k	none	STRY		CE (State of				12. CI		S.A.	OUNTRY
13.	FATHER'S NAME TEDD	Y J. SAVILL	E				MAIDEN N							
1S. {Ye	WAS DECEASED EVER IN 15, ng, or unknown) (If ye	U. S. ARMED FORCE as, give war or dates of servi	ce)	none		MOR IAL	HOSP	ITAL,	CUM	Addr BERLA		D		
		WAS CAUSED BY: MEDIATE CAUSE (o)	per lin	e far (a), (b), and (c).	(1	ich	1 ((a)	<u> </u>				ERVAL BI	DEATH
TION	gave rise to imm cause (a), stating the lying cause last.	ediate under-	TIONS C	ontributing to DEATH BUT	(ION 1	Included to	THE TERMIN	AL DISEAS	la (e	TION GIV	EN IN PA	RT 1(a) 1	PERFC	ORMED?
CERTIFICATION	200. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	CAUSE OF DEATH	b. DESC	RIBE HOW INJURY OCCURRE	D. (E	nter nature of	injury in P	'art I ar Pa	rt II af ite	m 18.)			YES _	NO [
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year 19	While	JURY OCCURRED 20e. Pt Nat while at wark	ACE ctary,	OF INJURY (F , street, affice	lame, farm, bldg., etc.	20f. (Cit	y ar tawn)		(County)		(State
	saw the deceased 22a. SIGNATURE 264 CCC	alive on 17	120	ed the deceased from.		ATTENDING	at6:3		the co	uses an			stated	
	22c. PHYSICIAN'S NAME (Type)	DR. WHIT	WOR"	TH		22d. ADDRE	berl						rd	St.
230	BURIAL, CREMATION, REMOVAL (Specify) BUILAL	23b. DATE THEREOF 12-19-19	60	Salem Ceme				23d. LOCA Slan		. 7 7	or county)	Va	(Sta	te)
24.	James F.		i,C	umberland,	Md			BY REGIS		25b. REGIS	STRAR'S S Lithur			
	10602	52X V 3	,						3/-					

Y - Ya. BILLY OF THE STATE LOT, OIL FEELUT . 72 100: 001 1,11 , en , du la Semilia. 1. 1. 2. 1. 7. 1. 7 2. Y. Y. Committee of the state of the s TRACTION OF STREET THE STATE OF

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1. PLACE OF DEATH O. COUNTY ALLEGANY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY ALLEGANY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	CUMBERLAND 75 DAYS	CUMBERLAND
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	MEMORIAL & WARWICK AVES.	217 GLENN STREET YES NO IN
0	3. NAME OF DECEASED First Middle GRAK (Type or print) WILLIAM GRAK	am SCHELL DATE Month Day Year DEATH DEATH 20 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED	NOV. 10, 1890 last birthdoy) Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Returned Russing life, Even if retired) B+O Rail	FROSTBURG, MARYLAND U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	WILLIAM SCHELL	MARY GRAHAM
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	7. INFORMANT Address
1	705-09-2597	Endyn Schell 441 hid he cumplyone
	PART I. DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under.	left lune Sinterval Between Onset and Death
	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		IRRED. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work of work	PLACE OF INJURY (Home, form, 200 (Lity or town) (County) (Stote) foctory, street, office bldg. etc.)
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 12/19/61/19, and the	am 10/6/60 19 to 13/20/60 19 that (I) (we) last at death accurre 64/15 MM from the causes and an the date stated abave.
	TO. SIGNATURE The Charles	M.D. PHYS. DIRECTOR PHYS. 22b/DATE/ DIRECTOR PHYS. 22b/DATE/ 22b/DATE/ 25c/DATE/ 25c/DATE/
	NAME UYPE RICHARD IS AN VELTAMS	122 SOUTH CENTRE ST., CUMBERLAND, MD.
	230. BURIAL, CREMATION, 256 DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify). Survial Sec. 22 1960 Rose Hi	el Cemetery Cumberland Turs
1	John J. Hofer Cumber	land 2 DEC 2 7 '60 Couling & Kine

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	Little Yati		J. ! ?	ESTABLISH OF
	James Hall T. J.		83	
	and the second of			
thrathe, o.	raamaa umaa est			

DATE SIGNED

(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY ALLEGANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE 746 MARYLAND AVENUE YES NO Day Year 1960 DECEMBER 10 IF UNDER TYEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. MEMORIAL HOSPITAL CUMBERLAND. INTERVAL BETWEEN 3 HRS . ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES | NO TX (County) (Stote)

Inspection X Inquiry X, and find that

Accident , Suicide , Hamicide , Undetermined cause]

DECEMBER LO. L960

Cumberland, Md. 24b. REGISTRAR'S SIGNATURE

DATE DEC 1 4 '60

5M 9/55

CERTIFICATE OF DEATH	PSIMIMAKE			
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	17787		
1. PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	(If outside corporate limits, write	c. LENGTH OF STAY IN 1b	Maryland Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cumber		10/28/60	02 Cumberland
OR INSTITUTION	TTAL (If not in hospital, give street Allegany Cour.		d. STREET ADDRESS 422 Oldtown Road—Grand Ave YES NO D
3. NAME OF DECEASED	First	Middle	Last 4. DATE Month Day Year
(Type or print) S. SEX	Bessie		Schwenninger Death December 22, 1960 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
Female	White widow		8. DATE OF BIRTH 5/20/1879 9. AGE (In years of lift UNDER 1 YEAR IF UNDER 24 HR Months Days Haurs Min.
	rking life, even if retired)		USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housew		Own Home	Little Orleans, Maryland U. S. A.
13. FATHER'S NAME	George W. Sny	der	14. MOTHER'S MAIDEN NAME Mary E. McAnnich
	ER IN U. S. ARMED FORCES? 16.		INFORMANTP.0.Box 599 AddresCumberland.Mo
(Yes, no, or unknown)	(If yes, give war or dates of service)		llegany County Infirmary records
	ATH [Enter only one couse per I	ine for (o); (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Chronic	mysearalles ?
Conditions, if		Genera	l arteriosclerosis, ?
gave rise to cause (a), stating lying cause last	the under-	Chronic	nephritis?
PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO P
20a. ACCIDENT W	VAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Part I or Port'II of item 1B.)
20c. TIME OF INJL. Hour a.m.	While	Nat while	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)
	at (I) (this haspital) attendated alive an 12/21		10/28/60, 19 , ta 12/22/60, 19 , that (I) (we) la deam accurred atM, from the causes and an the date stated above
22a. SIGNATUR	ues & m	Cheau.	M.D. ATTENDING MED. STAFF N 12/22/60
22c. PHYSICIAN'S	Dr. James H	. McLean	49 Greene St., Cumberland, Md.
23a. BURIAL, CREMATI REMOYAL (Specify BULLAL		Sunset Mem	or CREMATORY 23d. LOCATION (City, town, or county) (Stote) Crial Park Cumberland, Md.
24. FUNERAL DIRECTO		ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
James F.	Scarpelli, (Cumberland,	Md. DATE DEC 2 8 60 arthur & Keens

1888	FRUITS SO THEMPIO	IN XIVIAN SIANT LED	
Allegany			Market Market
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2/60 1 1000 1 1000 1 100	, , , , , , , , , , , , , , , , , , , ,	1.00	/21
2 12/22/60	The state of the		
	e 10 000 000 V		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Allegany ac. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ON A FARM? 233 Cumberland. St.. YES NO IX Year 10. Dec. 1960 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months I Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. Address Cumb. 214-07-1936Mr. Thomas P. Shaffer 233 Cumb. St.. INTERVAL BETWEEN Maceration of brain: Intracranial hemorrhage 28 hrs 28 hrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (County) (State) Cumberland, Alleg. Md. 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection XX, Inquiry XI, and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER Dec. 10. 1960 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar county) (State) REMOVAL (Specify) 12/14/60 Cumberland. Burial SS. Peter & Paul's Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Cumberland, Md. H. Wayne George arthur & Threes

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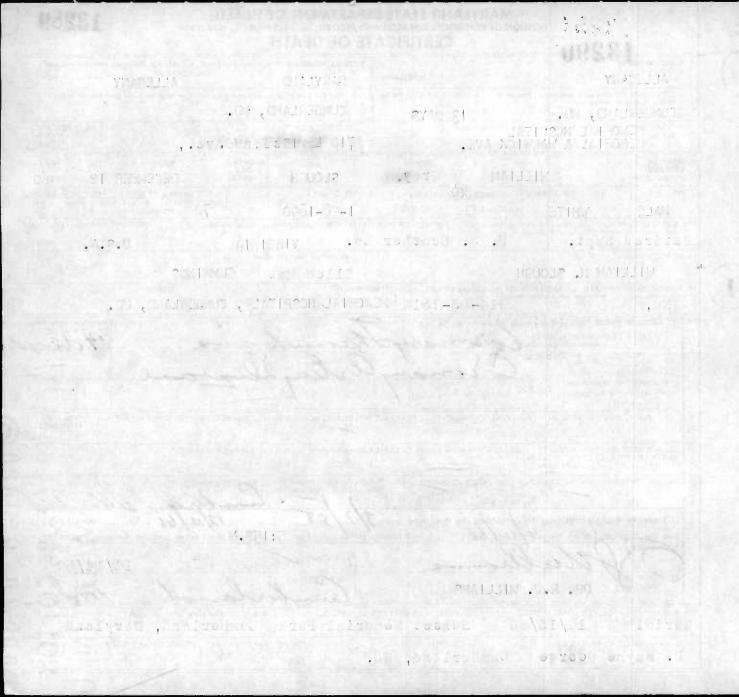
VR A15 (4) 1SM 9/59

	PLACE OF DEATH O. COUNTY Allegany MARYLAND					usual residence (\ o. STATE Mar	Where deceas	ed lived. If instituti b. COUNTY	11.0	ce before		on)	
		outside corporate limi prest town)	ts, write	c. LENGTH O		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland)	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Sacred Heart Hospital				d. STREET ADDRESS e. IS RESI								
3.	NAME OF	fir		•	Middle		Last	4. DATE	Mor		Day		/ear
	(Type or print) Margaret Jane				Shreev	OF DEATI	12		21		9 60		
S. 5	Female	The same of the sa				ate of Birth Sept 13.18	85	9. AGE (In years lost birthdoy) 75 yrs.	Months	Days Days	Hours	R 24 HRS. Min.	
10a	. USUAL OCCUPATIO	N (Give kind of work o	done 10b.	KIND OF BUSI	NESS OR INC				country)	12. CITI	ZEN OF	WHATC	OUNTRY?
13.		l clerk	_	& 10 ce	nt sto		West	Virgin	ia		U.	S.A.	
	Willia	am Sheetz					Not kn	own					
		IN U. S. ARMED FOR	ervice)	SOCIAL SECUR		INFOR			Add	lress		11/16). H
	No		2	14-16-2	062		Pati	ent's	Chart				
NO	Conditions, if on gove rise to in couse (o), stating the lying couse lost.	mediate (0				T feiling		SE CONDITION GI	VEN IN PAR	3	Les NAS	n th
RTIFICAT	20a. ACCIDENT WA	S UNDERLYING D CAUSE OF DEATH		CRIBE HOW IN			nter noture of injury i	in Port I or Po	art II of item 18.)			YES 🗌	NO [
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY / 20c. TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER)	20d. 1 While of wor			PLACE foctory	OF INJURY (Home, fo street, office bldg., o	orm, 20f. (Ci	ty or town)	. ((County)		(Stote)
	21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	1. Pmir	21	· · · · · · · · · · · · · · · · · · ·			h accurred at7_	MED. DIRECTOR				stated	abave. DATE SIGNED
230	BURIAL, CREMATION REMOVAL (Specify)	V, 23b. DATE THEREC	F	23c. NAME C	OF CEMETERY	OR CR	EMATORY	23d. LOC	ATION (City, town,	or county)		(State	
_	Burial	12/24/60)			Bur	ial Park		berland			ylan	d
24.	Ruth E.		Cumb	ADDRESS erland	Maryl	and	2So. RE	DEC 2 8	ICO	Istrar's si			

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TO HOSPITAL OF may be retaine TO FUNERAL DY VR A15 (4) 1SM 9/59

1. PLACE OF DEATH a. COUNTY ALLEGAN	(MAR		USUAL RESIDEN		ceased live	b. COUNTY		Y	e odmissi	ian)
CUMBERLAN	D. MD.		IS DAYS	IN 16	CUMBERI			limits, write R	RURAL ond	give near	rest town	1)
d. NAME QUE OSAH OR INSTITUTION ME MOF	PHÁIDOTHOSPINTS	ALstreet addr	ess)		710 Lou	ess iisiar	ialAv	e.,		e		IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fir	LIAM	Middle Graj		SLOUG!	4. D		Mor DE	CEMBE	Day		Year 1960
S. SEX	6. COLOR OR RACE	7. MARRIED	DIVORCE		1-28-180	90		GE (In years ast birthday) 70 yrs.	Manths	Days Days	IF UNDE Haurs	R 24 HRS. Min.
10a. USUAL OCCUPATIOn during most of world Retired S	ON (Give kind of work of king life, even if retired		of Business of Leath	ner Co	11. BIRTHPLACE	(State or for		у)		S.A		OUNTRY?
13. FATHER'S NAME WILLIA	M H. SLOUG	Н		14	Ellen		CUM	MINGS				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war ar dates of s	ervice)	05-7614		MANT RIAL HOS	SPITAL	, cui		Iress ND, MI	D.		
Canditians, if o gave rise ta i cause (a), stating lying cause last.	mmediate the under-	Cor	onar	y the	Prter	120 1	ni Dix	2 Com	e	ONS	RVAL BE	DEATH
PART II. OTH	HER SIGNIFICANT CON								VEN IN PAR	(T I(a) I9	PERFO	NO D
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY C	OCCURRED. (E	nter nature af in	jury in Part I	ar Part II o	if item 1B.)				
Y 20c. TIME OF INJUR Haur a. m. p. m.	RY Manth, Day, Yes	While	Nat while at wark	20e. PLACE factory,	OF INJURY (Ham street, affice blo	ne, farm, 20f	City or I	res Be	1/	County)	-	(State)
saw the deceas	at (I) (this haspital sed alive an 14	1 / 1	the deceased	-/	h occurred a		roM the		19_ nd an the		stated	abave.
270 SIGNATURE	flut	ha	md.	M.D.	ATTENDING PHYS.	MED. DIRECTO	OR P	TAFF HYS.	1	2/14		SIGNED
NAME (Type)	DR. R.J.	WILLIA	MS		22d. Address	ber	lan	nel		11	ad	5
Burial, CREMATIC Burial, CREMATIC			Sunset		ial Pa			rland		ryla	(State	e)
24. FUNERAL DIRECTOR H. Wayne		Cumb	erland,	Md.		o. REC'D BY I			istrar's si			



VR A15 (4) 1SM 9/S9

MARYLAND	STATE	DEPARTMENT	OF HEALTH
ON OF STATISTICAL	RESEARCH	AND PECOPDS - P	ALTIMOPE 1 MARVI

CERTIFICATE OF DEATH

TONOT	CERTIFICA	IL OI DEATH			
1. PLACE OF DEATH o. COUNTY A L LEGANY	MARYLAND	2. USUAL RESIDENCE (WE	pere deceased lived. If b. C	institution: Residence	before admission)
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) CUMBER LAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF CUMBERLAN	outside corporate limits,		
d. NAME OF HOSPITAL (If not in hospitol, give or institution MEMORIAL HOSP MEMORIAL WARWICK		d. STREET ADDRESS RT.#1, GR	EEN POINT		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	ACE MAE	SMITH	4. DATE OF DEATH [Manth DECEMBER	Day Year 24 19 60
F-144 F 1441 FF	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH JUNE 27, 192	9. AGE (I	n yeors IF UNDER 1 Y https://doi.org/10.1007/1	YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDU At home	STRY 11. BIRTHPLACE (Stote MOOREFIEL			OF WHAT COUNTRY
JOHN D. LEWIS		14. MOTHER'S MAIDEN IN			
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service		MEMORIAL HOSE	PITAL	Address CUMBERLAN	ID, MD.
18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which (b)	pertine for (a), (b), and (c).] Theology Chechyl	Courismo of Cerry	Joses		INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate cause (a), stating the under. DUE TO lying couse lost. (c) Part II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condit	ION GIVEN IN PART 1	(o) 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIPTURE SIGNIFICANT CONDITION 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIPTURE SIGNIFICANT CONDITION 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIPTURE SIGNIFICANT CONDITION 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIPTURE SIGNIFICANT CONDITION 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIPTURE SIGNIFICANT CONDITION 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIPTURE SIGNIFICANT CONDITION 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIPTURE SIGNIFICANT CONDITION 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIPTURE SIGNIFICANT CONDITION 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIPTURE SIGNIFICANT CONDITION 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIPTURE SIGNIFICANT CONDITION 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIPTURE SIGNIFICANT CONDITION CIPTURE SIGNIFICANT CONDITION 20b. ACCIDENT WAS UNDERLYING CIPTURE SIGNIFICANT CONDITION CIPT	MICE - PA SUS. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item	18.)	PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Yeor :	20d. INJURY OCCURRED 20e. PL While Not while fo of work at work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	20f. (City or town)	(Cau	unty) (Stot
21. 1 certify that (1) (this haspital) a saw the deceased glive an		death accurre#0±20			date stated abave
22a. SIGNATURE	Laule ?	M.D. PHYS. D	ED. STAFF RECTOR PHYS.		22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) LEWIS MOULD	^	22d. ADDRESS 122 SOU	TH CENTRE	ST., CUMBER	RLAND, MD.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 12/26/60	23c. NAME OF CEMETERY C	ve Cemetery	23d. LOCATION (City	Ma Ma	(State)
24. FUNERAL DIRECTOR'S SIGNATURE CU	ADDRESS umberland Marvla	DE	D BY REGISTRAR 25	Sb. REGISTRAR'S SIGN Carthur S. H	

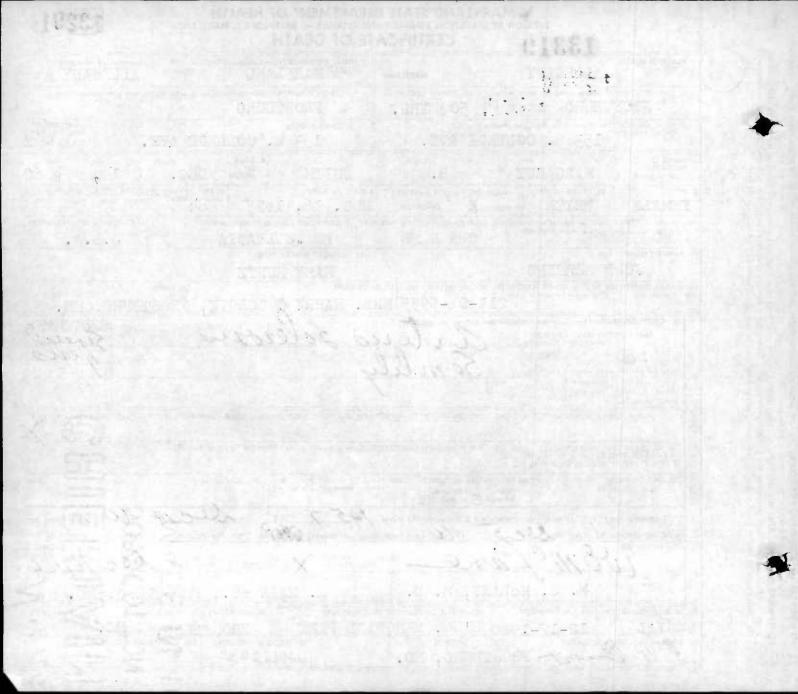
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	1. PLACE OF DEATH a. COUNTY	ALLEGANY	MARYLAND	2. USUAL RESIL	ARYLA	ND	lived. If institution b. COUNTY		EGA.	
	B. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	11 3 A.	OWN (IF OUR		rote limits, write R	URAL ond gi	ve neares	t tawn)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street 153 E. COLLE		d. STREET A	DDRESS E.	COL	LEGE AV	E.		S RESIDENCE ON A FARM? ES NO 2
	3. NAME OF DECEASED (Type or print)	MARGARET First	Middle B.	SMIT		4. DATE OF DEATH	DEC.		Day	Year 19 60
1	S. SEX FEMALE	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		375	9. AGE (In years los hirthday) yrs.			Iours Min.
	during most of you HOUSEW	ON (Give kind af wark done 10b. king tife, even if retired)	OWN HOME			VANI			I.S.	A .
		N HERRING			MAIDEN N				ile.	
	15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)		RS. HAR	RY GO	SGRO	VE, FRO	STBUF	G, 1	MD.
		the under-	Semble	io In	cle	LOS			INTERVONSET	AL BETWEEN AND DEATH
-	20g. ACCIDENT W	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU					PART		WAS AUTOPS' PERFORMED ES NO
		While	1 6	LACE OF INJURY (octory, street, office	Hame, farm, bldg., etc.	20f. (City	or town)	(C	ounty)	(Stot
	saw the decea	at (1) (this haspital) attenuated alive on	ded the deceased fram	//	19	M, from	the causes ar			
	22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	W. O. McLA	NE, M. D.	M.D. ATTENDIN PHYS. 22d. ADDR	SS	RECTOR L	staff PHYS. □	AQC. TBURG	0/10 MI	22b. DATE SIGNE
	23a. BURIAL, CREMATIC REMOVAL (Specify BURIAL)	12-17-1960		OR CREMATORY	426	FRO	OSTBURG	M	D.	(Stote)
	24. FUNERAL DIRECTOR		TBURG, MD.			C 2 0 16		STRAR'S SIG		5 8



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CEPTIFICATE OF THE CASE OF THE C

10606					
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution b. COUNTY	on: Residence befor	re admission)
ALLEGANY	MARYLAND	MARY	LAND	ALLEG	ANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give perfect lows)	43 DAYS		LAND, MARYLAND		arest town)
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION MEMORIAL HOSPITAL	()	d. STREET ADDRESS	STREET		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle	Last	4. DATE Man	th Da	
(Type or print) ISAAC C. SPIKER	Wilder C		DECEMBER	18	19 60
5. SEX 6. COLOR OR RACE 7. MARRIED WHITE WIDOWED	DIVORCED _	B. DATE OF BIRTH	9. AGE (In years last birthdoy) 70 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND of during mast of working life. Aren if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country) ARYLAND		S.A.
13. FATHER'S NAME	000	14. MOTHER'S MAIDEN N	IAME		
JOSEPH SPIKER	00	ALICE	MOORE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	L SECURITY NO. 17. IF	MEMORISI HOD	Addi	AND MD.	
1B. CAUSE OF DEATH [Enter only one cause per line for (MEMORISE HOU	PITAL CUMBERL	INTE	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Uramie			ONS	7 day
Canditions, if ony, which) (b)	Chrame (desertue 14	eart I'm lun		3-4 wKs
gave rise to immediate cause (a), stating the <u>under-lying</u> couse lost.	Jenerali el	artering les	<u></u>		4.5746
	BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 1	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	10W INJURY OCCURRE	D! (Enter nature of injury in I	Port I or Part II of item 18.)		IES NO []
Oc. TIME OF INJURY Month, Day, Yeor 20d. INJURY While the work of wark	Nat while far	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc.	.)	(County)	(State
21. I certify that (I) (this haspital) attended th	e deceased fram	1957 19	-AM to 12-18	, 19.6.0 th	iat (I) (we) las
saw the deceased alive an 12-12-60-	19, and that a	death accurred at	, fram the causes an	d an the date	stated above
Wellen & James			ED. STAFF RECTOR PHYS.	(3	2-21-60
22c. PHYSICIAN'S NAME (Type) William & Iak	u es	22d. ADDRESS	eafer Sx C	umberla	ad up
23a. BURIAL, CREMATION, 23b. DATE THEREOF	NAME OF CEMETERY O		23d LOCATION (City, town,	or county	(State)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'	D BY REGISTRAR 25b, REGIS	STRAR'S SIGNATUI	RE
John J Hafer Cum	Kerand	Zun DATE DE		7 0 6	

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	ays duncation, and a	11.11.20. 11.6
	Tudita di Gaya di	TAXINOR TARE I
	9.3120	6.4152 .5 2 Ani
	- 100 gg 1650 - 24 €	A STEM IN
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* · = e	개발하고 하시네하면 1이라스타 중시하다	
	20-21-22	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13293

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CERTI		 	
			A 11-

1	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution b. COUNTY	n: Residence before admission)			
/3	ALLEGANY	MARYLAND	MARYLAND & COUNTY ALLEGANY					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUMBERIAND	town)						
	d. NAME OF HOSPITAL (If not in hospitol, give street oddr OR INSTITUTION SACRED HEART	d. STREET ADDRESS RT # 1. VALLEY ROAD. e. IS RESIDENCE ON A FARM? YES \(\sum NO \(\sum \)						
	3. NAME OF First DECEASED	Middle	Last	4. DATE Monti	h Day Year			
	(Type or print) ANNA	M. T	AGLIAFERRE	DEC DEC	EMBER 11. 19 60			
	S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.			
	FEMALE WHITE WIDOWED	DIVORCED [2-8-95	65 yrs.	Months Doys Hours Min.			
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KINI during most of working life, even if retired)	D OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	HOUSEWIFE.			RGINIA	U.S.A.			
	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME				
	ADAM MAIERS		Cathe	erine Setz				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes, no, or unknown) [(If yes, give wor or dates of service)	TIAL SECURITY NO. 17. IN	IFORMANT	Addre	ess			
	No Non	ne	CHART					
	1B. CAUSE OF DEATH [Enter only one couse per line for	or (o), (b), and (c).]	,	Reidarh	INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY:	OTTO DENTIL						
	33 X DUE TO							
	Conditions, if ony, which) (b)							
	gove rise to immediate couse (a), stating the under-	49 A B B B B B B B B B B B B B B B B B B						
	lying couse lost. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?			
	PART II. OTHER SIGNIFICANT CONDITIONS CON	rellitus			YES NO			
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJUR		ACE OF INJURY (Home, form		(County) (State)			
	Oc. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o. m. While p. m. 19 of work	140t Mulle	ctory, street, office bldg., etc	.)				
	21. I certify that (I) (this haspital) attended		12/8 18	1 ta 17/11	بر 19 روس that (I) (we) last			
	saw the deceased alive an / //				d an the date stated above.			
	220. SIGNATURE	- 179_3. 7 direction of	lean accorred dig	im, fruit the causes and	22b, DATE			
	Ties St. Te	2mg	M.D. PHYS.	ED. STAFF PHYS.	17/18/GNED			
	22c. PHYSICIAN'S	1 4	22d. ADDRESS		1/1			
	NAME (Type) DR. LEO H. LEY, JR	wholand med						
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23	Sc. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, o	r county) (State)			
	REMOVAL (Specify) 12/13/60	Rose Hille	Cem	Cumberland,	Md.			
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John J. Hafer, Cumberland, Maryland Date DEC 19'60 Outland & A								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained to the haspital or attending physician.

TO FUNERAL DISCIPLATOR: After this certificate has been signed by the attending physician and campletely filled in bythe funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 21 May be filled with the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death.

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as a masses		

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA 13294 CERTIFICATE OF DEATH

3	1.	PLACE OF DEATH a. COUNTY						ICE (Where dece			nce before adm	ission)
/		ALLEG	ANY		MARYLAI	a. ST	WEST V	IRGINIA	b. COUNTY	HAMPSI	HIRE	1
		b. CITY OR TOWN (i	f oulsida corporale limit give neerest town)	s, c.	LENGTH OF STAY IN			(If outside corpora	ata limits, write R	URAL and give	neerest town)	
1		CUMBER			6 DAYS		ROMNEY					
X	1		AL OR INSTITUTION (if	d. ST	d. STREET ADDRESS o. IS RESIDENCE ON A FARM ON A FARM YES I NO I							
	2	NAME OF	L HOSPITAL		Middle		Last	4. DATE	D =	1	Y Year	<u> П</u>
		DECEASED	11121		Widdle		F931	OF	мони	, De	y Tear	
		(Type or print)	AUTU		M. T	AYLOR		DEATH	DECEME	TE 31	0 19	60
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF	BIRTH		AGE (In yeers IF	UNDER I YEAR	IF UNDER 24	
		MALE	WHITE	WIDOWED X		SEPT.	9.1883		7.7X yrs.			
	10a do	one during most of wo	ON (Give kind of work rking life, even if retired	10b. KIND (OF BUSINESS OR INC	USTRY 11. BIR	PLACE (Cou	unty & State, or fo	reign country)	12. CITIZEN	OF WHAT COL	JNTRY?
		HOUSEWIF				D	OMNEY	T.7 TTA		77 0		
	13.	FATHER'S NAME				14. MOT	HER'S MAIDE	NAME .		U.S.	.A.	
7		HENRY LI	LLER			AL	VERDA (CORRIN				
			ER IN U.S. ARMED FOR		TAL SECURITY NO.			JOHN 211	Address			
						MEMORI	AL HOS	PITAL -	CUM RER LA	ND MD		
			EATH [Enter only one H WAS CAUSED BY:	couse per line fo	or (a), (b), end (c).]	4		110110		0	TERVAL BETWI	TH
		PART I. DEATI	IMMEDIATE CAUSE (+)_	and	STONE	Coroles	gar	ces ve	sulo	1000	204	154
		260/	DUE TO						de	ar -	- ()	,
H		Conditions, if eny	/ / /									
		(e), stating the uncouse lest.	DUIT TO	1	abet	eas	Mel	Etter	1	0	204	す、
	N	PART II. OTHER	SIGNIFICANT CONDIT	IONS CONTRIB	UTING TO DEATH BE	NOT RELATED	TO THE TERM	INAL DISEASE CO	NOTION GIVEN	IN PART 1(e)	19. WAS AUT	
	CATIC	Me	of the	ork (left	any	bot	This	1/1/4	460	YES NO	-
V	CERTIFICATION		AS UNDERLYING CAUSE OF DEATH	Ob. DESCRIB	E HOW WIJURY OR	URED. (Enter nat	ure of injury in	n Part I or Pert II o	f item 18.)	1		
		(IF EITHER, NOTIFY	MEDICAL EXAMINER									
	MEDICAL	20c. TIME OF INJU	RY Month, Day, Yee	r 20d. INJU While	RY OCCURRED 200 Not While	factory, street,			or town)	(County)	(Ste	ete)
	ME	p.m.	19	et work	et work							
		21. I certify t	hat (I) (this hospin	al) attended	the deceased fi	om	3-	13 10 to	12-5	P.79(00)	that (I) (w) last
		saw the deceas	ed alive on	5-60	118 and	that death o	ccured at	.A.M. from	the causes ar	nd on the		
		220. SIGNATURE	MAS	n	5:11:00		NDING	MED.	STAFF		22b. [IGNED
		22c. PHYSICIAN'S		. 110	eman	22d.	ADDRESS	OIRECTOR	PHYS.	1	1249	960
		NAME (Type)	DR. W. F.	WILLIA	MS	/	221	A. Com	tio of	Lame	reserved	AL
	23a		ON, 236. DATE THER		c. NAME OF CEME	ERY OR CREMA	TORY	23d. LOCAT	ION (City, town	or county)	(State	1
		REMOVAL (Specify)	Jan.1.196	61	Ebenezer C	emterv		Near Ro	mnev	W. Va		
	24	FUNERAL DIRECTOR			ADDRESS		2Sa. RI	EC'D BY REGISTR	0.	TRAR'S SIGN	ATURE	
1	8	ich &	laffer		omny	1410	DATE	JAN 5 '6	a	relun S. 1	Traus	
			10		/					No. of Contract of		

THE PERSON AND PROPERTY OF THE PERSON OF THE AND THE PERSON OF THE POPULATION THE PLEASURE WAS THE PARTY OF THE TOURT, W.VI. A CHARLES OF THEFT OF PERSON The second secon No short of the contract The chart with and the same of the the supplies the second of the

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13295

CERTIFIC	CATE OF	DEATH
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1.	PLACE OF DEATH a. COUNTY	A 7 7	137		ARYLAND		aryla		lived. If instituti		Lleg		ion)
_		Allegany				-							
	 b. CITY OR TOWN (If RURAL and give need 		ts, write	c. LENGTH OF S	TAY IN 16	A (2)		A STATE OF THE STA	ate limits, write R	URAL and	give ned	rest tawn	1)
	Cumberland			8 m	೦ಽ	03 C	umber	land					
	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street	address)		d. STREET A	DDRESS	1000	MIS THE			e. IS RES	FARM?
		bia Street				2	52 Co	lumbia	Street				NO 🔼
3.	NAME OF	Fir	st	Mic	ddle	Los	1	4. DATE	Mar	ıth.	Do	V	*eor
	(Type or print)	NANCY		BELL		THOMAS		OF DEATH	Decembe		4		19 60
S.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MA	RRIED 🔲	B. DATE OF BIRTH	Н	5	P. AGE (In years	IF UNDER			
	77 7	White	WIDOW	ED TO DIVO	RCED 🗍	October	14. 1	880	last birthday) 80 yrs.	Manths	Days	Haurs	Min.
	Cemale USUAL OCCUPATION	N (Give kind of work	dane 10b.	KIND OF BUSINES	S OR INDU	STRY 11. BIRTHPL	ACE (State	ar fareign car		12. CIT	IZEN O	WHATC	OUNTRY
	Housewife	ing life, even if retired)	Own Home		Fros	thurs	g, Mary	land	US	SA		
13.	FATHER'S NAME			OWIT TIOINE		14. MOTHER'S							
		7.7 1						Merril	7				
16	WAS DECEASED EVER	Workma:		COCIAL CECURITY	NO 117 II	NFORMANT	arec		2 Columbia	netic O	hmod	+	
	s, no. or unknown) (i	If yes, give war or dates of s	ervice)	SOCIAL SECURITI			~ .		S COTUM	era a.	rree	: 0	
n	0			none	Mrs	. Maryli	n Sto	oup					
		TH [Enter anly one co	use per li	ne far (a), (b), and	(c).]	1	1 11	1 01	7		INT	ERVAL BE	DEATH
	PART 1. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, C	ricins	one.	eoll	Ol	o dol	1				
	155	DUE TO		1		001		0- 1					
	Canditians, if an	v which)		The oc	00/102	la Ded	mil	water	1 sis				
	gave rise to in	nmediate		and to		1	,						
	cause (a), stating t	he under- DUE TO		0									
7	lying cause last.) (0)	CONTRIBUTION TO	DEATH BUS	T NOT BELLTED TO	THE TERM	IN LATE BLOCKER	COMPITION CO	ZENT INT BAD	T 1/-> 1	O WAYAC	AUTORCY
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONI KIBUTING TO	DEATH BU	NOI KELATED TO) IHE IEKM	INAL DISEASE	CONDITION GI	VEN IN PAR	(1 1(a)	PERFC	RMED?
S												YES 🗌	NO
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. D ES	CRIBE HOW INJUR	Y OCCURRE	D. (Enter nature a	f injury in	Part I ar Part	II of item 1B.)				
13	20c. TIME OF INJURY	Manth, Day, Ye	or 20d. II	NJURY OCCURRED		ACE OF INJURY			ar tawn)	(Caunty)		(State
MEDIC	Haur a.m.	19	While at war	Nat while	fo	ctary, street, affice	bldg., etc	:-)					
2	p. m.					5-6	-	10 1	100 11		10.	0	
		t (I) (this hospital					1	60 . task		, 19_4			
		ed olive on 12		1960 , 0	and that	deoth occurred	06:2	M? from t	he couses ar	nd on the	e dote		
	220. SIGNATURE	11/1	1	1 ()		ATTENDING	G M	ED	STAFF			22	b. DATE SIGNEI
	110	11/16	10	m.C.		M.D. PHYS.	i i	RECTOR -	PHYS.	Decem	ber	6, 1	1960
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRI				- 25			
	Towne (Type)	Earl R. Pa	ul	M.D.		36 (Green	e St.,	Cumberl	and,	Mar	land	1
23	BURIAL, CREMATION	N, 23b. DATE THEREC)F	23c. NAME OF	CEMETERY C	OR CREMATORY		23d. LOCATI	ION (City, tawn,	ar caunty)		(Stat	ie)
	REMOVAL (Specify)	12/7/60		Rose Hil	1 Cem	etery		Cumber	land, Ma	rvlan	ıd		19.3
-	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		J	_	D BY REGISTR		STRAR'S SI		RE	
		fer, Cumbe	rlan		ind			1 2 '60					
_	001111	a or a		,			-DEC	E 00	Chilling	2 8 to	called		

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	to the standard	of the letter to see of

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR may be retaine TO FUNERAL DI VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 13296

	13296		CERTIF	ICATE	OF DEATH	1				
o. COUNTY	aganss		MARYI		USUAL RESIDENCE (W		ed lived. If institut b. COUNT	1		ission)
	egany If outside corporate limearest town)	its, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF		orate limits, write		egany ve nearest to	wn)
	erland			5	X 新# Cumber	land				
OR INSTITUTION	TAL (If not in haspital, sed Heart He			1	d. STREET ADDRESS	e Road			e. IS R ON YES	ESIDENCE VA FARM? NO
3. NAME OF		rst	Middle	- 11	Last	4. DATE		onth	Day	Year
(Type or print)		be			Twigg	DEATH		2	18	19 60
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 🔲 8. (DATE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF UN	
Male	White	WIDOWE	DIVORCED		June 19,187	9	81 yrs		Doys Hour	's Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUSTR	11. BIRTHPLACE (Stot	te ar foreign	country)	12. CITIZ	EN OF WHA	
	Farmer				Marylan	d			U.S.A	•
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Michael S	. Twi	o o		Je	nnie N	Middleton			
IS. WAS DECEASED EVE	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INFO				dress		
(Yes, no, or unknown)	(If yes, give war or dates of	service)	5-14-6553	1000	Patient	te Cha	rt			
	ATH [Enter only one c				18010110	D OIL	11 0		INTERVAL	BETWEEN
	ATH WAS CAUSED BY:	gose ber m							ONSET AN	DEATH
Conditions, if gave rise to couse (o), stating lying couse last.	the <u>under-</u>	b) O c)			lemia tion-lt	0	- debil	ity		
PART II. OT 20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	HER SIGNIFICANT CO	nditions <u>c</u>	CONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE TER	MINAL DISEA	SE CONDITION G	IVEN IN PART	PEK	S AUTOPSY FORMED?
	AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED.	Enter nature of injury i	n Part I or Pe	ort II of item 18.)			
Y 20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yo	20d. It While at war	Not while k of work		E OF INJURY (Home, far y, street, office bldg., e		ty or town)	(Co	ounty)	(Stote
21. I certify the	at 🐗 (this haspita	ıl) attend				960 pm ta	Dec	8.196		, ,
saw the decea	ised alive an	+-	19, and	that dec	ath occurred at 1.2	25%, fran	n the causes a	ind an the	date stat	ed abave
22a. SIGNATURE	alter n.	lim	inles	M.I	ATTENDING D	MED. DIRECTOR	STAFF PHYS.			22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	S. G. We	isman	. M. D.		22d. ADDRESS 412	n. 1/1	echen	ic It		Elloy
23a. BURIAL, CREMATIC	ON, 23b. DATE THERE		23c. NAME OF CEMI	ETERY OR C	REMATORY	23d. LOC	ATION (City, town	, or county)	(S	tote)
REMOVAL (Specify	12/20/60		Mt Pleas	ent. C	emetery	Cun	berland	(Rural)Marvl	and
24. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS	W110_0		C'D BY REGI		SISTRAR'S SIG		
		mbom?				EC 2 3		ribur S.	Frank	
H. Lee Si	LICOX CU	mberl	and Mar	yland	DAIL					

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Seld be TO FUNERAL DESCRIPTION of the hospital or attending physicion.

TO FUNERAL DESCRIPTION: After this certificate has been signed by the attending physicion and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or remayol, and in any event within 72 hours after death. within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL VR A1S (4) 1SM 9/59

	3231	G =10.111.101	112 01 227 1111		
1. PLACE OF DEATH o. COUNTY ALLEGANY		MARYLAND	I O STATE	ere deceased lived. If institutio b. COUNTY	n: Residence before admission)
RURAL ond give	(If outside corporate limits, write nearest town) LAND, MD.	c. LENGTH OF STAY IN 16		utside corporate limits, write RU	JRAL and give nearest town)
d. NAME OF HOSE	AL & WARWICK AVE	address)	d. STREET ADDRESS	TTE AVENUE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ROY	Middle Edwin.	VAN FLEET	4. DATE Mont OF DEATH DECEMBE	
S. SEX MALE	6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPAT during most of wo Retired Co	ON (Give kind of work done 10b. rking life, even if retired) Onstable Co	unty Govit		or foreign country) O, • W•VA•	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	CANAL MAN FIFET		14. MOTHER'S MAIDEN N		
	LIAM VAN FLEET	coord and an order	MINNIE		
(Yes, no, or unknown) NO	(If yes, give war or dates of service)	0-10-4053	MEMORIAL HOS	PITAL, CUMBERL	
	ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).] Adrenal	menne		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if	immediate	Bacterer	nie show	Ł	3 duy
couse (o), stoting lying couse lost		Methra	e dilatat	irn	3 duy
PART II. OT	THER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	nal disease condition givi	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 206. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in I	Port I or Port II of item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	While	Not while	PLACE OF INJURY (Home, form foctory, street, office bldg., etc	20f. (City or town)	(County) (State)
saw the deced	at (1) (this hospital) attendosed alive an 1822	ded the deceased from			d on the date stated obove.
220. SIGNATURE	1 1 A	Stegmarin	M.D. ATTENDING MI		22b. DATE 200 Dec 1960 SIGNED
22c. PHYSICIAN'S NAME (Type)	DR. STEGMAIER	8	122 SOU	TH CENTRE ST.,	CUMBERLAND, MD.
23a. BURIAL, CREMATI REMOVAL (Specify Burial		23c. NAME OF CEMETERY Lahmansvill		23d. LOCATION (City, town, o Lahmansville,	
24. FUNERAL DIRECTO		ADDRESS land, Marylan		BEC 4 7 ICH	TRAR'S SIGNATURE

TARGET OF BEATH

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the cert Eagle, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to be Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL EXECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar price burial cremation.

cute the cert farwarded to TO FUNERAL D.

VS. A15ME(5) 5M 9/55

13298 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	A=	there deceased li	b. COUNTY A 1	nce before admission) Legany
b. CITY OR TOWN (If outside corporate limits, we ond give nearest town) Cumber land	c. LENGTH OF STAY IN 16 Lifetime	c. CITY OR TOWN (IF Cumber ler	outside carporot NA	e limits, write RURAL and	give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION Memorial	(If not in hospitol, give street address)	d. STREET ADDRESS IO Race S	St.	1	e. IS RESIDENCE ON A FARM? YES NO F
	First Middle	Last	4. DATE	Month	Day Year
(Type or print) SAMUET	T, eo	VOORHEES	OF DEATH	DECEMBER	16 1960
5. SEX 6. COLOR OR RACE	E 7. MARRIED T NEVER MARRIED 8			GE (In years IFUNDER	TYEAR IF UNDER 24 HRS
M	WIDOWED DIVORCED	April 30,I		4 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired Machinist	k done 10b. KIND OF BUSINESS OR INDUST Railroad	RY 11. BIRTHPLACE (Stote Cumber La			ZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
James Wm. Voorhe	ees	Lottie E	Brown		
15. WAS DECEASED EVER IN U. S. ARMED FO	ORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT		Address	
No	705-07-9646	Mrs. Mary	Cover	IO Race St	
18. CAUSE OF DEATH [Enter only one co PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	HYDR OHEMOT	HORAX, BII	LATERAI	: MAR KED	INTERVAL BETWEEN ONSET AND DEATH 203 days
Conditions, if any, which gove rise to immediate couse	Crushed	Chest			19 Days
(o), stoting the underlying OUE TO	(c)				
PART II. OTHER SIGNIFICANT CON	ENDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
FRACTURE C	OF MANDIBLE, ILE R	IGHT ARM: F	RUPTURE	D SPLEEN	PERFORMED?
CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (E Automobile a				
20c. TIME OF INJURY Month, Day, You Hour - Nov 26 19		CE OF INJURY (Home, form,	20f. (City or to	own) (Cou	nty) (Stote)
7 25 p.m. Nov . 26 19	960 of work of work	ory, street, office bldg., etc.) Street		erland, A	lleg. Md.
	ge of the remains described abo				
	l causes , Accident X, Sui			ermined cause	
ACTUAL SIGNATURE Seridie	et Skitarelia)	M.D. CHIEF MEDICAL EX	4 3 4 4 4		DATE SIGNED
	SKITARELIC. M.D.	ASSISTANT MEDICAL E		DEC. K	16. 1960
220. BURIAL, CREMATION, 22b. DATE THERE REMOVAL (Specify)		CREMATORY	22d. LOCATION	(City, town, or county)	(Slote)
Burial I2-19-	-60 Sunset Memor	rial Park	Cumber	land, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE DE J	lli Cumberland, M	240. REC'D	BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE
The state of the s		DATE DI	EC 2 0 '60	Classing 8	se .

	CERTIFICATE OF DEATH			Ar III
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				T. J. Albert

uneral directar, moy be retained the haspital or attending physician.

TO FUNERAL Direction and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 or the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

1. PLACE OF DEATH a. COUNTY			AA A DVI		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY						
ALLEGA	NY		MARYL	AND	MARYLAND ALLEGANY						
	(If outside corporate limit	s, write c. L	ENGTH OF STAY II		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
RURAL and give			L DAYS		CUMBERLAND						
d. NAME OF HOSP	ITAL (If nat in haspital, g	ive street addre	ess)		d. STREET ADDRESS e. IS						
OR INSTITUTION					1 000 ATTT		YES NO				
	SACRED HEAD				228 AVIREIT AVENUE						
3. NAME OF DECEASED (Type or print)	Fire	RACE	MAY		Walker	4. DATE OF DEATH	Month		16. 1960		
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D	ATE OF BIRTH	9. AC			AR IF UNDER 24 HI		
FEMALE	WHITE	WIDOWED	DIVORCED		0-17-86	7	birthday) A	Months Days	Hours Min		
			-	R INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF W							
House W	rking life, even if relired)	0	wn home		MARYLAND (Cumberland) U.S.A.						
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME					
RANDO				lie nicos	Sarah STA	RKEY	4 1.3	G1	1 1 1		
(Yes, no, or unknown)									erland, N		
									Ave.,		
18. CAUSE OF DE	ATH [Enter only one co	use per line for	r (o), (b), and (c).]					IN	TERVAL BETWEEN		
PART 1. DE	ATH WAS CAUSED BY:	0	adden Tie		47			1	NSET AND DEATH		
112.	IMMEDIATE CAUSE (0)	Longe	stive Hea	aru Pa	HIME			0	mos		
Tolo	DUE TO										
Conditions, if	any, which) (b)	Arter	iosclerot	tic Ca	rdio-vascul	Lar Disea	se	3	vears:		
gave rise to immediate											
couse (a), storing the under-											
(1)											
PART II. O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR										
3 Psc	Psoriasis, Diabetes Mellitus										
PART II. O PSC 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (E	nter noture of injury in	Port I or Port II of	item 1B.)				
ZOc. TIME OF INJU	JRY Month, Day, Yea	or 20d. INJUR	Y OCCURRED 2	20e. PLACE	OF INJURY (Home, farm	20f. (City or to	wn)	(County	y) (Sto		
Hour o. m		While	Not while		, street, affice bldg., etc						
₹ p. m	. 19	ot work	ot work								
21. I certify th	at (I) (this haspital	attended	the deceased f	fram 6	- 17 19	6 . to 12	- 76	19.60	that (I) (we) lo		
	ased alive on_12										
22o. SIGNATURE	ased dilve oil		- 102 / Und I	mar deal	ii decorred di 111	, nom me	Louses und	on me do	22b. DATE		
	Rev Bre	ei.		M.D	PHYS. A DI	ED. ST RECTOR PH	AFF IYS.		SIGN		
22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS						
Take (17pc)	DR.R.W.BALL	LTN M	n.		62 Greene S	St. Cumbe	rland.	Md. I	12/16/60		
23a, BURIAL, CREMAT			c. NAME OF CEME	TERY OR CE		23d. LOCATION			(Stote)		
REMOVAL (Specif	19/10/4				ial Park		rland.		yland		
		0 3		emor					_		
24. FUNERAL DIRECTO		o Cumb	ADDRESS	34 -3		D BY REGISTRAR	25b. REGISTE	RAR'S SIGNAT	TURE		
Charles	L. George	e Cumb	eriand,	Ma.	DATE DE	C 2 0 '60	Catt	hung & Ku	alla		

VR A15 (4) 15M 9/59

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	llegany		MARYLAI		o. STATE M	d.	ere deceased	lived. If instit b. COUN	oution: Resid	ence before	ore admission)
Barton	If outside corporate lim earest town)	its, write	c. LENGTH OF STAY IN	1b X	c. CITY OR TO		utside corpor	ote limits, write	e RURAL on	d give ne	arest lown)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street	address)	1	d. STREET ADD	ORESS					e. IS RESIDI	ARM?
3. NAME OF DECEASED (Type or print)	Carrie Fi	rst	Middle W	larni	last ck		4. DATE OF DEATH	Dec.	Nonth	15		60
5. SEX Female	6. COLOR OR RACE White	7. MARR	DIVORCED		oct. 30	, 18		9. AGE (In year last birthdo) 91		_	Hours Hours	24 HR Min.
during most of wor House Wife	king life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLAC		or foreign co	untry)		J.S.	F WHAT COL	JNTRY
13. FATHER'S NAME				14	4. MOTHER'S M	AIDEN N	AME			9		
Silas Warı	nick				Mart	ha F	azenba	ker				
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOI (If yes, give war or dotes of		SOCIAL SECURITY NO.	17. INFOR	mant a Warni	ck-B	arton	, Md.	ddress			
gave rise to cause (a), stating lying couse lost.	the under-	c)	CONTRIBUTING TO DEATH			HE TERMI	NAL DISEASE	CONDITION	GIVEN IN P	ART 1(a)	19. WAS AU	ITOPS
PART II. OT	AS UNDERLYING A G AUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of i	njury in f	Port I or Part	II of item 1B.)			YES 🔲 I	NO
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	20d. II While at war	Nat while		OF INJURY (Ho , street, office b			or town)	13	(County))	(Stot
			led the deceased fro L4_1966, and th					Doc. the couses				
22a. SIGNATURE	Paul	28	Milson	M.D.		DI	D. RECTOR	STAFF PHYS.				DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Paul R	. W	Ison M.	0.	22d. ADDRES	أو	Mark and Street at a	it, u	1.1/2			
23a. BURIAL, CREMATI REMOVAL (Specify Burial	23b. DATE THERE	OF	23c. NAME OF CEMETE		REMATORY			ION (City, tow	n, or county	r)	(State)	
24. FUNERAL DIRECTO	1 1 1		ADDRESS	. 1		50 PEC	Mosc D BY REGIST		EGISTRAR'S	SIGNATI	Md.	
(1)	Ban		Westernent	. MA			C 1 9 '6		Orthug			

funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page the attending physician and campletely filled in by Then please remave carban papers. Pages 1 and 2 the haspital ar attending physician.

TOR: After this certificate has been signed by detached far use as the burial-transit permit.

in any event, within 72 haurs after death

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13301

13334 **CERTIFICATE OF DEATH**

Reg.	Dist.	No

	2011117	-4					Keg. Dist.	No.
1. PLACE OF DEATH o. COUNTY	Allegan	y	MARYLAN	2. USUAL RESIDEN	CE (Where decease laryland			before odmission) Legany
b. CITY OR TOWN (RURAL and give in Eckh		ts, write	c. LENGTH OF STAY IN 1 Lifetime		on (If outside corporate)	prote limits, write R	URAL and give	nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspitol, g	ive street	oddress)	d STREET ADD	RESS			IS RESIDENCE ON A FARM? YES NO (3).
3. NAME OF DECEASED (Type or print)	MARY		ELIZABETH	WATSON	4. DATE OF DEATH	Decem	ber	2, 1960
s. sex Female	6. COLOR OR RACE White	7. MARR	HED NEVER MARRIED C		h,1882	9. AGE (In years last birthday) 70 yrs.	Months Do	EAR IF UNDER 24 HRS. Hours Min.
during most of wor HOUSE	ON (Give kind of work of king life, even if retired WIIE	done 10b.	kind of Business or in which housewo:	rk Mary	rland	ountry)		n of what country? JSA
3. FATHER'S NAME				14. MOTHER'S MA				
	ison T. Po		_		in Repha	nn		
15. WAS DECEASED EVI (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice		nichard Wa	atson, E	ckhart,		
BART I. DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	(re for (0), (b) and (c).}	Selen	goes			INTERVAL BETWEEN OWSET AND GEATH SERVEL GLAC
Conditions, if couse (o), stoting lying couse lost. PART II. OT	the <u>under-</u>)	CONTRIBUTING TO DEATH	OT NOT RELATED TO TH	E TERMINAL DISEAS	SE CONDITION GIV	VEN IN PART 1((a) 19. WAS AUTOPSY PERFORMED?
PART II. OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OCCU	RRED. (Enter noture of in	jury in Port I ar Po	rt II of item 18.)		YES NO
20c, TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yes	While	NJURY OCCURRED 20e. Not while k ot work	PLACE OF INJURY (Hon factory, street, affice blo	ne, form, 20f. (Cit dg., etc.)	y ar tawn)	(Can	nty) (State)
21. I certify that I attended the deceased from 1950, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19								
ACTUAL SIGNATURE	Wom	Li	ne_	M.D	E. Mai	n St.,	stote)	DATE SIGNED
PHYSICIAN'S NAME (Type)	W. O. Mc	Lane	, M. D.		Frostb	urg, Md	. /	1960
220. BURIAL, CREMATIC REMOVAL Specify BURIAL			22c. NAME OF CEMETER Eckhart Co		1	ckhart,	• • •	(Stote)
						Childi be	MG	
23. FUNERAR DIRECTOR	'S SIGNATURE	4 -	address rostburg, l	24	o. REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGNA	

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The second second second				
			prof.	
		- 1486		District State
		Aron Arona		The Name of

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13302

	70	000		CERTI	IICAI	LOIDE	7.111					
1.	PLACE OF DEATH o. COUNTY ALLEGANY			MAR	YLAND	2. USUAL RESID		ere deceased lived	. If institution b. COUNTYA			ssion)
	b. CITY OR TOWN (If o	utside corporate limi	ts, write	c. LENGTH OF STA	YINIB	c. CITY OR TO	OWN (If ou	utside corporate li	mits, write RUF	RAL and give	nearest tov	vn)
	Caimber 1	MD.		11 DAYS		BARRI	ELLSV	ILLE, MA	RYLAND			
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION TAL MEMORIAL & WARWICK AVE.					d. STREET AD	odress Fyndr	an Pa	RD#1		ON	SIDENCE A FARM?	
3.	NAME OF DECEASED (Type or print)	Fir		Middl G		WE I M	ER	4. DATE OF DEATH	DE CEMBE		5 5	1960
S.	FEMALE	WHITE	7. MARR	NEVER MARK		JULY 3	1, 19	- lgs		Months Doy	_	1
100	o. USUAL OCCUPATION during most of working HOUSEW	g life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUST	PEN		or foreign country		U.S.		COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S						
1		KENNELL					EANNA	EMERICK				
	es, no. or unknown) (If	N U. S. ARMED FOR yes, give war or dates of s		SOCIAL SECURITY N		ORMANT			Addres			, 175
	No				1	MEMORIAL	HOSP	ITAL, CU	MBERLAN			
19	1B. CAUSE OF DEATH	I [Enter only one co WAS CAUSED BY: MMEDIATE CAUSE (c	(50	ne for (a)-(b), and (a	in -	Tosisi	Ol.	strultus	Hour	Die "	NTERVAL E	D DEATH
	Conditions, if ony	nediate (1 49	Varrella	lu	2 Co	Cy	Drt.	Giti	7	34	50
	lying couse last.	under-										
CERTIFICATION	PART II. OTHER			EDITING TO D	EATH BUT N	NOT RELATED TO	THE TERMIN	NAL DISEASE CON	IDITION GIVE	N IN PART 1(a	PERF	ORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of	injury in P	art or Port II of	item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. II While of wor		20e. PLA	CE OF INJURY (Horry, street, office	lome, farm bldg., etc.	20f. (City or to	wn)	(Coun	ty)	(State
	21 I certify that sow the decease		l) attend					, .to 05	couses ond			
	22a. SIGNATURE	rielle	Ro	Jelus	М	ATTENDING			AFF IYS.	A H	4	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	DR. MO	ULD			22d. ADDRE		RE ST.,	CUMBERI	LAND, N	MRYL	A ND
23	a. BURIAL EREMATION, REMOVAL (Specify)	Dec 8) 1960	23c. NAME OF CE	METERY OR			23d. LOCATION CHYNCI	nan, Pa	. RD#	1	ote)
24	, FUNERAL DIRECTOR'S		1.	ADDRESS			25a. REC'I	BY REGISTRAR	2Sb. REGIST	RAR'S SIGNA	TURE	300
~	Haweno	D. Leich	en	Hyndman	Pa.		DATEC	1 2 '60	C.Thu	1 8. Kran	A	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 haurs after death. Page 4	They be return the complete of the control of the control of the control of the complete of the complete of the control of the	the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.	
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PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who s. STATE MARYLAND		If institution: Residence COUNTY		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		ts, write RURAL and giv	re nearest town)	
d. NAME OF HOSPITAME MOR TO A LOUIS PT MEMORIAL & WARWICK AVE	TALESS)	d. STREET ADDRESS 908 MARYLA	AND AVE.,		e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) First JOHN	Middle R•	WILLISON	4. DATE OF DEATH	Month DECEMBER	Day Yeor 15 1960	
S. SEX 6. COLOR OR RACE 7. MARI	ED DIVORCED	8. DATE OF BIRTH OCT. 2, 1878	82	yrs. Months D	YEAR IF UNDER 24 HRS. Poys Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Author (Stole or foreign country) WICHIGAN 12. CITIZEN OF WHAT CO						
JESSE WILLISON		MADYLANE				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, sq. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. II	MEMORIAL HO	SPITAL,	Address CUMBERLAND	, MD.	
PART I. DEATH Enter only one cause per limited by the per limited by t	rleriosch	erpsis	legio	My R	INTERVAL BETWEEN ONSET AND DEATH	
200. ACCIDENT WAS INDERLYING DO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	1 pros	att.		PERFORMED? YES NO	
20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. p. m. 19 21. I certify that (I) (this haspital) attentions the deceased alive an 22-b IGNATURE 220. PHYSICIAN'S NAME (Type) DR. S. M. ENFIL 23a, BURIAL, CREMATION, 23b. DATE THEREOF,	ded the deceased fram.	M.D. ATTENDING MIPHYS. DI 22d. ADDRESS	M, from the co	2-15-19 b auses and on the	(State) (State) (State) (State) (State)	
BEMOVAL (Specify) 12/19/60 24. FUNERAL DIRECTOR'S SIGNATURE Louis Steen Inc	ADDRESS Cumb.	Ma DATE	Numb	25b. REGISTRAR'S STG	ma	

LOSCO. COMMITTEE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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		3113	CERTITIO	-11-	OI DEATH					
1	PLACE OF DEATH	777			USUAL RESIDENCE (Who	ere deceased liv		n: Residence bel	fare admissi	ian)
/	Allegany		MARYLAND		Maryla	and	b. COUNTY	Allega	iny	
	b. CITY OR TOWN (If autside co RURAL and give nearest town)		c. LENGTH OF STAY IN 15		c. CITY OR TOWN (If a	utside corporate	limits, write RU	RAL and give n	earest tawn)
	Cumberland		20 Yrs.	X	Rt. #2 Flir	ntstone				
Г	d. NAME OF HOSPITAL (If not in OR INSTITUTION	hospitol, give street	oddress)		d. STREET ADDRESS		III.		e. IS RESI ON A	DENCE FARM?
L	241 New Hampshi	re Avenue		1	Murley's Br	ranch Ro	oad		YES 📆	
3.	NAME OF DECEASED (Type or print) MA	ARSHALL	Middle GROWDEN	W	Lost ELSON	4. DATE OF DEATH	Decembe			9 60
S	Male 6. COLOR		RIED NEVER MARRIED DIVORCED DIVORCED		eptember 5,	1881	AGE (In years last birthdoy) 79 yrs.	Manths Doys	+ -	R 24 HRS Min.
10	oa. USUAL OCCUPATION (Give kir during most of warking life, eve	nd of work done 10b.	KIND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (Stote	or foreign coun	try)	12. CITIZEN	OF WHAT CO	OUNTRY
L	Farmer	, ,	Farm		Murley's H	Branch		USA	1	
13	3. FATHER'S NAME			- 14	. MOTHER'S MAIDEN N	AME				
	Eli Wilson				Charlotte C	rowden				
	S. WAS DECEASED EVER IN U. S. A	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFOR	MANT	4 3 4 6 6	Addre	iss.		
ľ	No	or ourse or survice)		Ches	ster N. Wils	on, Cur	nberland	. Md.		
	18. CAUSE OF DEATH [Enter	only ane cause per li	ne far (a), (b), and (c).]	1	,		0	IN	TERVAL BET	TWEEN
	PART I. DEATH WAS CA	AUSED BY:	rane.	100	mean	der	e in		10-2	CAIN
	4-22 7	DUE TO	D	-	/	0	A GOTTO			
	Canditians, if any, which	1 6	avac	0	x of	les	0		-	
	gave rise to immediate cause (a), stoting the <u>under-</u>	DUE TO							_	
	lying cause last.) (c)			-					
CATION	PART II. OTHER SIGNIFI		CONTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIVE	N IN PART 1(o)	PERFOR	4
CEPTIE		OF DEATH XAMINER) 206. DES	CRIBE HOW INJURY OCCUR	RED. (Er	nter noture of injury in P	ort I ar Part II	of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Hour o. m.	Doy, Year 20d. II While		PLACE (OF INJURY (Home, farm, street, affice bldg., etc.	20f City or	town)	(County	y)	(State
ME	p. m.		k at work		11	Ven	elve	Kell	Mes	1/4
	21. I certify that (I) (this	haspital) attend	deg the deceased fram	1	2/55 19	, .to	2/19/60		that (1) (+	we) las
	saw the deceased plive	an 12/12	2019 and that	deat	Faccurred at 3.50	M, fram thi				
	220. SIGNATURE	10 00	7		ATTENDING ME		CTAFE		226	DATE SIGNE
1	MA	lille	ing	M.D.	PHYS. DII	RECTOR	STAFF PHYS.		12/	15/
	PHYSICIAN'S NAME (Type)	. Wiel	iams		5 Cen	terSt	- Cun	berle	md	M
2.	3a. BURIAL, CREMATION, 23b. DA	ATE THEREOF	23c. NAME OF CEMETERY	OR CR	EMATORY	23d. LOCATIO	N (City, town, ar	county)	(State	e)
	Burial 12	2/16/60	Green Meado	OW C	10	Rural		Cumberl		Md.
2	4. FUNERAL DIRECTOR'S SIGNATU		ADDRESS			BY REGISTRAL		TRAR'S SIGNAT	URE	
	John J. Hafer	- Cumberla	and, Marvland		DATEDE	1 9 60	Gull	ma 8 ft		

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CERTIFICATE OF DEATH

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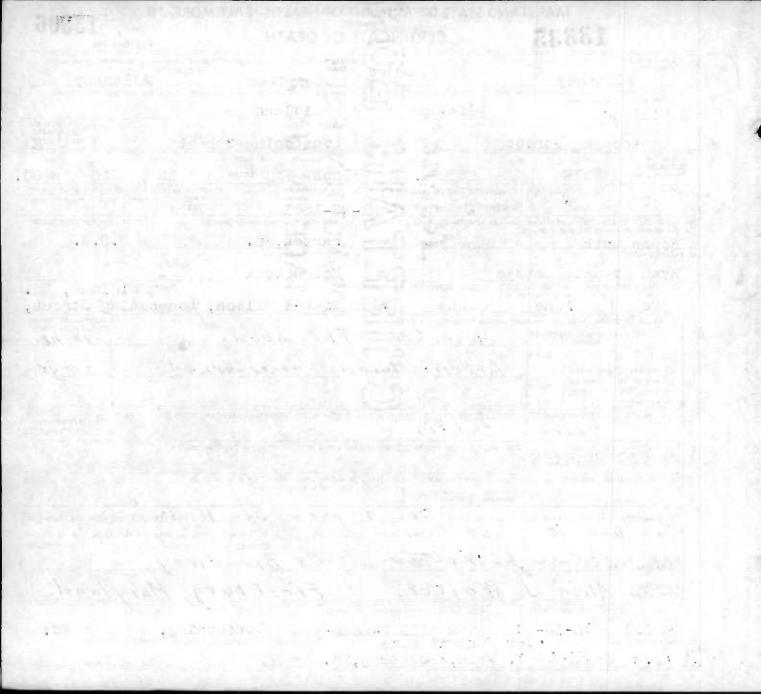
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A1S (4) 1SM 9/SB

TO HOSPITAL DE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of may be retain by the hospital or attending physician.

TO FUNERAL DAKCTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 shauld be detached for use os the burial-transit permit. Then please featove corban papers. Pages 1 and 2 the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death. hours after death.

	keg. Dist. No.
1. PLACE OF DEATH	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Allegany	Maryland Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Midland Lifetime	Midland
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Lonaconing Street	Lonaconing Street YES NOX
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) MINNIE BRITTIMAR	WILSON DEATH 12 10 19 60.
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
W WIDOWED DIVORCED	1-20-1881 tost birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
House work Own Home	Barton, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Evan Francis Savage	Helen Cook
	NFORMANT Address Midland, Md.
	ss Isabel Wilson, Lonaconing Street,
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Thrombosis ONSET AND DEATH
TIMMEDIATE CAUSE (6) 17763 ETT CETTE	30 111.
	osis, generalized. 20 yr.
gove rise to immediate	2012, 40101411201
cause (o), stating the <u>under.</u> Lying cause lost.	
, (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Chronic Colitis	PERFORMED?
The Acceptance of the Acceptan	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Chronic Colitis 20a. ACCIDENT WAS UNDERLYING CONCRETED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While Not while of work of work of work of work of work controls 20c. TIME OF INJURY Month, Doy, Year While Not while of work of work of work controls 20c. TIME OF INJURY Month, Doy, Year While Not while of work of work controls 20c. TIME OF INJURY Month, Doy, Year Of While Not while of work controls 20c. TIME OF INJURY MONTH, DOY, Year Of work controls 20c. TIME OF INJURY MONTH, DOY, Year Of work controls 20c. TIME OF INJURY MONTH, DOY, Year Of work controls 20c. TIME OF INJURY MONTH, DOY, Year Of work controls 20c. TIME OF INJURY MONTH, DOY, Year Of work controls 20c. TIME OF INJURY MONTH, DOY, Year Of work controls 20c. TIME OF INJURY MONTH, DOY, Year OF While CONTROLS 20c. TIME OF INJURY MONTH, DOY, Year OF WHILE NOT WHILE N	D. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Haur a. m. While Not while too	tory, street, office bldg., etc.)
	9 , 1960, ta Dec. //, 1960, that I last saw the deceased
	accurred atM, fram the causes and an the date stated abave.
drive difference of the death	ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE Cleving. Walters	ND. 48 Broadway
PHYSICIAN'S Alvin J. Walters	Frostburg, Maryland.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burial 12-13-60 Oak Hill Ce	metery Longconing. Md.
23. FUNERAL DIRECTOR'S SIGNATURE Hafer Funeral Home	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Beylah A. Mriteson 123 E. Main, Frostbur	g. Md. DATE DEC 1 9'60 Corthug S. Kraus



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1. PLACE OF DEATH o. COUNTY				2. USUAL RESIDEN	CE (Where decea	sed lived. If Institute b. COUNT		nce before o	odmission)
	ALLEGANY		MARYLAND	1	MARYLAND		ALL	EGANY	
b. CITY OR TOWN (I	f outside corporate limits, wri	le RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If outside cor	porote limits, write	RURAL ond	give neores	t town)
CIMBE	ERT.AND			CUMBERL	AND	(37		
d. NAME OF HOSPIT	TAL OR INSTITUTION	(if not in ho	spital, give street address)	d. STREET ADDRI	ESS			0, 1	S RESIDENCE
SACRED	HEART HOS	PTTAT.		75 1	MARKET S	T.			S NO
3. NAME OF		rst	Middle	Last	4. DATE	Mont		Day	Year
(Type or print)					OF DEATH				
5. SEX	RO 16. COLOR OR RACE		CALVIN	WILSON DATE OF BIRTH	DUATH	9. AGE (In years	IF UNDER	23.	78196
J. SCA	6. COLOR OR RACE	7	GEDAD A THEE			last birthday)		Days Hou	
MALE	WHITE	WIDOWE	D DEPARKETS ED	MARCH 8,	190 0	60 yrs.			
	ON (Give kind of working life, even if retired)	done 10b.	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign	country)	12. CITIZ	ZEN OF WH	AT COUNTRY
	RER	10 6		M	ARYLAND			U.S.	A.
13. FATHER'S NAME				14. MOTHER'S MAID					
OTTAT	מסת של מים די	TATE C	ONT.	DT	ANCHE VA	ד ביאידיד אובי			
15. WAS DECEASED EV	LES EDWARD			NFORMANT	A WORLD VA	Address			
(Yes, no, or unknown)	(If yes, give war or dates o		SOCIAL SECORITI NO. IV.						
70				SON-ROY	WILSON,	JR. 124	POLK	ST. C	UMB. M
18. CAUSE OF DEA	TH [Enter only one co	use per line	for (o), (b), and (c).]				77/4	INTERVAL BE	ETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	CORONARY OC	CLUSION				SUDD	
470	DUE TO								
Conditions, if o	and the N		CORONAR	Y SCLEROS	TS				
gove rise to imme	diote couse		001011111	1 Bollintop					
(a), stating the	underlying DUE TO								
) (c)							
PART II, OTI	HER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE 1	TERMINAL DISEAS	E CONDITION GIV	/EN IN PART	1(a) 19. W. PE YES [RFORMED?
PART II. OTI	USE WAS NTRIBUTING 2	Ob. DESCRIB	E HOW INJURY OCCURRED. (inter nature of injury in	n Port I or Port II	of item 18.)			
20c. TIME OF INJU	RY Month, Day, Ye	100		CE OF INJURY (Home, ory, street, office bldg.	form, 20f. (City	or town)	(Cou	nty)	(Stote)
Hour o.m.	19	While of we	e Not while ork or or work	ory, sincer, orner oragi	, 5.6.,				
21. I certify t	hat I taak chara	af the	remains described abo	ve. held an Aut	ansy 🗖 I	nspection [7]	Inquir	v 😿 an	d find tha
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ACTUAL L	/	10	1/4 11					DA.	TE SIGNED
SIGNATURE.	enedict	1410	Mareled	_M.D. CHIEF MEDIC	AL EXAMINER				
EXAMINER'S				ASSISTANT M	EDICAL EXAMINE	R 🔲			
BABBAR AT A	enedict Ski	tarel	ic. M.D.	DEPUTY MEDI	CAL EXAMINER	Decemb	er 23	1960	
220. BURIAL, CREMATIC	ON, 22b. DATE THERE		22c. NAME OF CEMETERY OR	CREMATORY	22d_LOCA	TION (Gity, town,			State)
PREMOVAL (Specify)	12/57	160	Rose Hill	(1 2m	10,	a heala	-0	m	·O.
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	240	DEC.D EX-BECIES	PAD 1245 DECL	CTDAD'S SIG	MATURE	
): 1	Tei		(1) m	D 240.	REC'D BY REGIST	60	STRAR'S SIG		
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTIC ND

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	10000							
o. COUNTY	legany	MARYLAN	a STATE	ry lan	ere deceased	lived. If instituti b. COUNTY		
b. CITY OR TOWN	(If autside carporate limits, w	rite c. LENGTH OF STAY IN 1	b c. CITY OR	TOWN (If a	utside carpor	ote limits, write R	URAL ond give	e nearest town)
RURAL ond give		27yrs	Cumbe	rland	l	0	1	
OR INSTITUTION	ITAL (If not in hospital, give s	treet address)	d. STREET A	rand	Ave.			e. IS RESIDENCE ON A FARM YES NO
3. NAME OF	First	Middle	Los		4. DATE	Mar	a blo	Day Year
DECEASED (Type or print)	Harry Welte				OF DEATH		16, IS	60 19
S. SEX	6. COLOR OR RACE 7.	MARRIED MEVER MARRIED	-			 AGE (In years last birthdoy) 	Manths Do	YEAR IF UNDER 24 H
M	W WIE	OOWED DIVORCED	May I4	, I8	90	70 yrs.	, , , , , , , , , , , , , , , , , , ,	ays Ittoors Mi
10a. USUAL OCCUPAT	ION (Give kind of work dane rking life, even if retired)	106. KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPI	ACE (State	ar foreign ca	ountry)	12. CITIZEI	N OF WHAT COUNT
	d Brakeman	Railroad	Moor	efie	ld.W.	Va.	USA	
13. FATHER'S NAME	L'a wasomen	A VOI LE ME CO	14. MOTHER'S					
Tmo W	Wolfe		Har	nzoh	Evans			
I TA	YOLTE YER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1	7. INFORMANT	IIIeIII	D A GUITS	Add	ress	
(Yes, no. or unknown)	(If yes, give war or dates of service)		Ethel I	Volfe	ISI	Grand 4	Ave.	
18. CAUSE OF DE	ATH [Enter anly ane cause p	per line far (a), (b), and (c).]	1	0.	1			INTERVAL BETWEE
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	aleute	Coronay	(Ne	lenor	ni ni		menute
420	DUE TO		/)				1770	
Canditians, if	ony, which) (b)	Complosto	- Heurt	Black			200	Helans
gave rise to	immediate (,00	, ,		,	7.4		1
lying cause last		andewstord	- Carde	Vace	ulu h	lesur		Geens
Z PART II. O		ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART 1	
PART II. O								YES NO
OR CONTRIBUTION	VAS UNDERLYING [] 20b. G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	of injury in f	art I or Part	t II af item 1B.)		
			PLACE OF INJURY (factory, street, affic	Hame, farm	, 20f. (City	ar tawn)	(Cou	unty) (Si
Haur a.m	10	Vhile Nat while t wark at wark	raciary, sireer, arric	. blog., etc.	1			
		tandad the decorated from	_ /-	156 19	100	Die-	1060	, that (I) (we)
saw the dece	7.	tended the deceased fra 19/160 and the			3,Ofram	the causes ar	nd an the a	date stated aba
22a. SIGNATURE	3/1	1-1	ATTENDIN	G _/ ME	D			22b. DAT
226. PHYSICIAN'S	rolune ly	yer)	M.D. PHYS.		RECTOR 🗌	STAFF PHYS.		12/18/60
NAME (Type)	G. Overton	Himmelwright			a Ave	e. Cumb	erland	l, Md.
23o. BURIAL, CREMATI		23c. NAME OF CEMETER	Y OR CREMATORY		23d. LOCAT	TION (City, tawn,	ar county)	(State)
REMOVAL (Specif	" I2-I9-60	Philos Ce	metery	1417	Weste	ernport	, Md.	
24. FUNERAL DIRECTO	F 7 1	ADDRESS	3	25a. REC'I	D BY REGIST	RAR 2Sb. REG	ISTRAR'S SIGN	ATURE
James F.	Scarpelli	Cumberland, M	d.	DATE DE	C 2 0 '6	0 a	Thur S. H	traves

NAME OF THE PARTY OF TAXABLE PARTY OF TA	
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funeral director,

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

moy be retained by the haspital or ottending physicion.

Defined by the attending physicion.

Defined in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremotion, or removal, and infort event, within 72 haurs ofter death.

moy be retaine TO FUNERAL DI

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13309

	49990		CERTI	FICA	TE OF DEATH	•					
PLACE OF DEATH	10060				2. USUAL RESIDENCE (W	here decease		on: Reside	nce befo	re odmiss	ion)
o. COUNTY	Allegany	4	MAF	RYLAND	o. STATE Mary	land	b. COUNTY	All	ega	nv	
	(If outside corporate limi	is, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	outside carpo	rote limits, write R		-)
RURAL and give Frost			20 Day	S	Ja Fros	tburg	77113				
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, g	ive street			d. STREET ADDRESS					e. IS RES	FARM?
	Hospital				1 49 Br	oadwa	v				NO X
NAME OF DECEASED (Type or print)	Fir Katl	nlee	Midd	le	Wolfe	4. DATE OF DEATH	Mon		29t		reor 19 60
SEX			IED NEVER MARI	PIED X	B. DATE OF BIRTH		9. AGE (In years			IF UNDE	
Female	White	WIDOWE			May 29th,1	893	lost birthdoy) O yrs.	Months	Days	Hours	Min.
a IISIIAI OCCUPAT	ION (Give kind of work	done 10h			STRY 11. BIRTHPLACE (Stot			12.CI	TIZENO	F WHAT C	OUNTRY
Retired	rking life, even if retired Teacher	Pi	blic Sch	1001	Marvla	and				USA	
FATHER'S NAME	20001102	120	DETO DO	2002	14. MOTHER'S MAIDEN					0011	
Franl	k Wolfe				Kathleer	Shee					
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	10. 17. 1	NFORMANT	DITO	Addi	ress			
es, no, or unknown)	(If yes, give war or dates of s				m.D. Shea, 8	ROO Sh	rizzen A	370	"aamh	Fra	hae
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o		Coro	-	ory de	clus	rion		ON	SET AND	DEATH
Conditions, if gove rise to couse (o), stoting lying couse lost	ony, which immediate GDUE TO G)) DITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	sclevotie	MINAL DISEAS	E CONDITION GIV		ġ	1-60	AUTOPSY RMED?
Conditions, if gove rise to couse (o), stoling lying couse lost PART II. O 20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	ony, which immediate Gause (o Due To ony, which immediate g the under. (c THER SIGNIFICANT CON ON O	DITIONS C	CONTRIBUTING TO D	DEATH BUT	T NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV		ġ	19. WAS PERFO	AUTOPSY RMED?
Conditions, if gove rise to couse (o), stoting tying couse lost Part II. O	ONY, which immediate (but immediate g the under to the significant con the significant control in	DITIONS C	ONTRIBUTING TO D	OCCURRE	T NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	/EN IN PA	ġ	19. WAS PERFO	AUTOPSY RMED? NO
Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O 20a. ACCIDENT WOR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU-Hour o. mp. m 21. I certify the	ONY, which immediate (but immediate g the under to the significant con the significant control in	20b. DESC 20b. DESC 20d. Ih While of world) oftend	CRIBE HOW INJURY NJURY OCCURRED Not while of work	OCCURRE 20e. PL fo	ED. (Enter noture of injury in ACE OF INJURY (Home, for incidence), street, office bldg., e	AINAL DISEAS Port I or Port Tor, 20f. (City 12. 10	E CONDITION GIV t II of item 18.) or town)	7. 19.	(Caunty)	PERFO YES D	AUTOPSY RMED? NO Stole (Stole obove
Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O 20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIFE CONTRIBUTION (IF EITHER) (IF EITHER) NOTIFE CONTRIBUTION (IF EITHER) (IF EI	ONY, which immediate (but immediate (continue) and the immediate (continue	20b. DESC 20b. DESC 20d. Ih While of world) oftend	CRIBE HOW INJURY NJURY OCCURRED Not while of work ded the deceose	OCCURRE 20e. Pt. fo	ED. (Enter noture of injury in ACE OF INJURY (Home, for actory, street, office bldg., eddeath occurred of 112 M.D. ATTENDING ATTENDING 22d. ADDRESS	Port I or Port I	t II of item 18.) or town) the causes an	2. 19.	(Caunty)	19. WAS PERFOYES (I) (e stoted	AUTOPSY RMED? NO Stole (Stole obove
Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O 20a. ACCIDENT WOR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJUMENT OF	ON, which immediate go DUE TO Only, which immediate go DUE TO DUE TO OUE	20b. DESC 20b. DESC ar 20d. In While of world	CRIBE HOW INJURY NJURY OCCURRED Not while of work ded the deceose	OCCURRE 20e. PL fo	ED. (Enter noture of injury in ACE OF INJURY (Home, for inctory, street, office bldg., eddeath occurred of M.D. PHYS. 22d. ADDRESS 11 2 Broad	AINAL DISEAS A Port I or Port Tor., 20f. (City 1c.) 1 APPLICATION	t II of item 18.) or town) the causes an	7. 19. id an th	(Caunty) (Caunty) Md	19. WAS PERFOYES (I) (e stoted	(Stote we) los obove
Conditions, if gove rise to couse (o), stoting type to couse lost Part II. O Part II. O OR CONTRIBUTING (IF EITHER, NOTIF Hour o.m. p. m 21. I certify the saw the deceed 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ON, which immediate go DUE TO Only, which immediate go DUE TO DUE TO OUE	20b. DESC 20b. DESC 20b. DESC 20d. It While of worl) ottend	CONTRIBUTING TO DECRIBE HOW INJURY OCCURRED Not while of work led the deceose of 19 0 0 and 19 0 0	OCCURRE 20e. PL fo	ED. (Enter noture of injury in ACE OF INJURY (Home, for inctory, street, office bldg., eddeath occurred of M.D. PHYS. 22d. ADDRESS 11 2 Broad	Port I or Port I	t II of item 18.) or town) the causes an STAFF PHYS.	19. 19. and an the	(Caunty) (Caunty) Md	19. WAS. PERFO YES and (i) (i) estoted 221	(Stote we) los obove b. DATE SIGNEI

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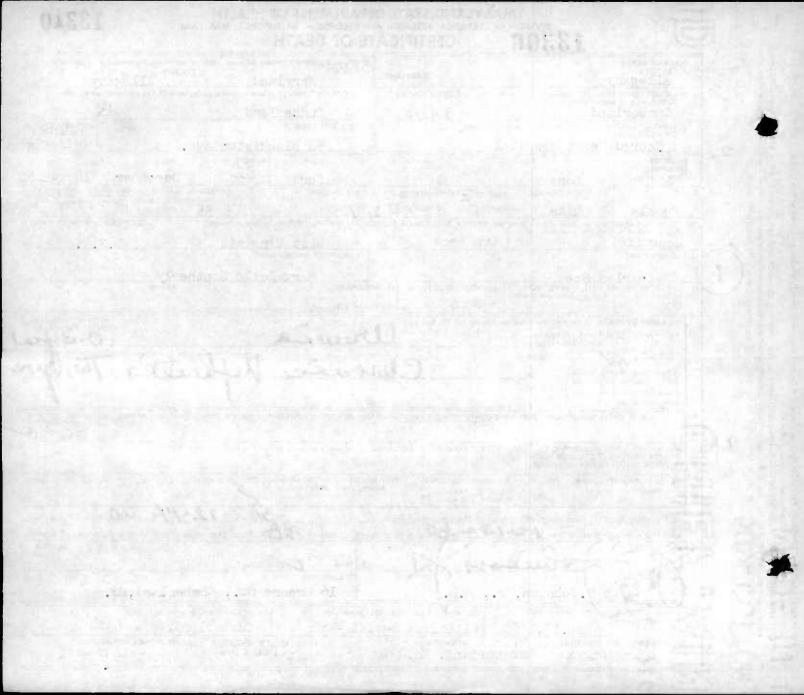
VR A1S (4) 1SM 9/59

13310

12200

	19900	CERTIFICA	IE OF DEATH				
1. PLACE OF DEATH			2. USUAL RESIDENCE (W			: Residence befo	re admission)
o. COUNTY Allegany		MARYLAND	o. STATE Marvl		. COUNTY	Allegany	
b. CITY OR TOWN (I	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		its, write RUR		
RURAL and give ne		2 4					
Cumberla		3 days	d. STREET ADDRESS	Talid			. IS RESIDENCE
	AL (If not in haspital, give stre		1				e. IS RESIDENCE ON A FARM?
	Heart Hospital	L l	54 Bla	ckiston A	ve.		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Da	y Year
(Type or print)	Lona	G	Wolford	DEATH	Dece	ember	14 19_61
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGI			IF UNDER 24 HRS.
Female	White WIDO	WED DIVORCED	18/05	Gi		Months Days	Haurs Min.
10a. USUAL OCCUPATIO	N (Give kind of work dane 10	b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign country)		12. CITIZEN OF	WHAT COUNTRY?
during mast of work	ring life, even if retired)	Own home				77.0	
Houswife 13. FATHER'S NAME		OMIT HOME	14. MOTHER'S MAIDEN	<u>irginia</u>		U.S.	A
) TAITIER S IVAME							
Charle	s Sec			Belle Sou			
(Yes, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		FORMANT		Addres	\$	
No		None	Chart				
18. CAUSE OF DEA	TH [Enter only one couse per	line for (o), (b), and (c).]	1				RVAL SETWEEN
PART I. DEA	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	u	July				T AND DEATH
5 91	DUE TO			. /	10.		
Canditions, if a		Plin	A de	11.14		r' . 7	WTO BURE
gave rise to i	mmediate	- CW	" week	Jugar		9 1	~ , , , ,
cause (a), stating							
lying cause lost.) (c)			· · · · · · · · · · · · · · · · · · ·			0 11/46 11/70/05/
OF CONTRIBUTION OF THE CONTRIBUTION OF T	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN	IN PART TO	PERFORMED?
3							YES NO
20a. ACCIDENT WA	S UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Port I or Port II of i	tem 18.)		
	MEDICAL EXAMINER)						
\$ 20c. TIME OF INJUR	Y Month, Day, Year 20d	. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, for	m, 20f. (City or tow	n)	(County)	(State)
Y 20c. TIME OF INJUR	19 Whi	le Nat while foc	tory, street, office bldg., et	(c.)			
				50 1	5 VL	41	
	it (1) (this hospital) atte	nded the deceased from		.ta		1950, th	at (I) (we) last
saw the deceas	ed alive an	3 C19 ond that d	eath accurred at	M, fram the c	auses and	an the date	
226. SIGNATURE	1.01	VIA	ATTENDING	AED STA	cc		22b. DATE SIGNED
7412	X of week	M X	A.D. PHYS.	DIRECTOR PHY	's. 🔲	100	
2c. PHYSICIAN'S			22d. ADDRESS			77	
NAME (Type) Jayle	s 7.Johnson, Jr	., M.D.	16 Green	ne St., Cr	umber la	ind, Md.	
23a. BURIAL, CREMATIC	23b. DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City, town, or	county)	(Stote)
REMOVAL (Specify)	Dec.17.1960	Hillcfest Bur	ial Park	Cumber			
24. FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR		RAR'S SIGNATU	RE
Byron		perland, Md.	DATE	DEC 2 0 '60		thun S. Th	

DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

12207 CERTIFICATE OF DEATH

4 55	10001	
w.r. de	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Po e e	o. COUNTY MARYLAND	o. STATE b. COUNTY
H P	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH-OF STAY IN 16	Maryland Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
D - 2	RURAL and give nearest town)	c. CITY OR 10 WN (IT ourside corporate limits, write KOKAL and give negrest fown)
p 5 2 1	CUmberland dust	Cumberland
a f	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
20015		ON A FARM? YES NO
2000	Sacred Heart Hospital	1 310 Harrison St.
4 h	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeor
es es Hr.	(Type or print)	pungblood December 4. 180
thir deg	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
¥ 0 0	WIDOWED DIVORCED	lost birthday) Months Doys Hours Min.
ppl ders of	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDU	Dece I 1007
con Sap	during most of warking life, even if retired)	13. SIKTHPLACE (State or foreign country)
P P P	City Police	Maryland U.SA
a odr	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
cior cior		a la abbell
physic move interest	James Youngblood 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address
ph enti	(Yes, no, exunknown) [If yes, give war or dates of service)	A COLOR
0 0 0	10 - 11 one	Nephew James Bohn 406 Decatur St. City
and sund	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN
4 Ta -	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
the die	IMMEDIATE CAUSE (o)	o sacro-vacy . To take your
to # F 5	DUE TO	HI.U MA
the state of the s	Conditions, if ony, which (b)	e mysestell proper
ire mag	gove rise to immediate cause (a), stating the under-	
S S S S S S S S S S S S S S S S S S S	lying cause lost.	
cia ansi	, (0)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
lay ysi ysi be be tro an,	OF TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATTI BU	PERFORMED?
ph ph ph so	15 Vreu	YES NO [
te ling	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port I or Port II of item 18.)
AN AN I CO	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
D atte	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
or o	Hour o. m. While Not while	octory, street, office bldg., etc.)
子されて	p. m. 19 at work at work	
Spire Prior	21. I certify that (I) (this haspital) attended the deceased fram.	11 28 1960 ta 2 4 -, 1960 that (I) (we) last
Aff hed hed h	14. 7	death accurred at 105%, from the causes and an the date stated above.
F. Salar	22. SCNATURE	death decorred de, from the causes and an the date stated above.
P de H	7 42	ATTENDING MED STAFF SIGNED
a po o	XI V. Polican XI	M.D. PHYS. DIRECTOR PHYS.
0 5 7 5 5	22d PHYSICIAN'S NAME (Type)	- 22d. ADDRESS
TAI Par Bo	J. Johnson, Jr.	Ofree X Unevallaced Mi
SPI SPI 3 s	23a_BURIN CREMATION, 3b. DATE THEREOF 23c. NAM Q CEMETERY	OB CREMATORY 23d JOCATION (City, Jown, or county) (State)
FUN FON F	REMOVAL (Specify 3 / 7 /	OR CREMATORY 23d, LOCATION (City, Jown, or county) (State)
Toroge C	Duras 14/160 Helcrest	Camp Camberland 1411
7 7	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. RECISTRAR 256. REGISTRAR'S SIGNATURE
VR A15 (4)	1 (1) 1 / 1 / 1 / 1 / 1	My DATE DEC 1 OU CITTUR S. Krous

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